



--	--	--	--	--

APPLICATION FORM  
INVITED JUNIOR RESEARCHER

FULL NAME: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_ NATIONAL INSURANCE NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_ PLACE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_ RESIDENCE PERMIT NUMBER (IF APPLICABLE): \_\_\_\_\_ VALID UNTIL: \_\_\_\_\_  
FUNDING: OWN  SCHOLARSHIP  PLEASE SPECIFY: \_\_\_\_\_

SENDING INSTITUTION: \_\_\_\_\_  
FACULTY/DEPARTMENT: \_\_\_\_\_ COURSE: \_\_\_\_\_  
DEGREE APPLICANT PURSUES: \_\_\_\_\_ END DATE: \_\_\_\_\_

STAY AT UFP:  
BEGINNING DATE: \_\_\_\_\_ EXPECTED DATE OF COMPLETION: \_\_\_\_\_

HOST UNIT AT UFP:  
 FACULTY OF HEALTH SCIENCES  FACULTY OF SCIENCE AND TECHNOLOGY  
 FACULTY OF HUMAN AND SOCIAL SCIENCES  PONTE DE LIMA UNIT  
LABORATORY/R&D CENTER: \_\_\_\_\_  
SUPERVISOR AT UFP: \_\_\_\_\_

I DECLARE TO KNOW AND ACCEPT THE APPLICATION CONDITIONS AT UNIVERSITY FERNANDO PESSOA.  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

DOCUMENTS TO DELIVER FOR VALIDATION OF THE APPLICATION (TO BE COMPLETED BY THE SERVICES):

- PHOTOCOPY OF AN ID DOCUMENT<sup>1</sup>
- UPDATED CV<sup>2</sup>
- ACADEMIC CERTIFICATES<sup>3</sup>
- INVITATION LETTER FROM THE SUPERVISOR AT UFP
- WORK PLAN
- ANNEX A TO THE REGULATION OF INTELLECTUAL PROPERTY OF UFP
- PROOF OF STATUS AT THE HOST UNIVERSITY
- PROOF OF FINANCIAL POSITION

<sup>1</sup> If applicable, add proof of residence permit in accordance with the rules of Serviço de Estrangeiros e Fronteiras de Portugal ([link](#)).  
<sup>2</sup> Europass model.  
<sup>3</sup> Certificates must be authenticated by the official education services at the corresponding country and recognized by the Portuguese consular authority or the Hague Apostille Convention ([link](#)).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ RECEIVED BY: \_\_\_\_\_