



ETICHS ADVISOR APPLICATION FORM

Addressing Psychosocial and Lifestyle Risk Factors to Promote Primary
Cancer Prevention: An Integrated Platform To Promote Behavioural
Change (iBeCHANGE)

Personal Information	Name and Surname	<input type="text"/>	Born on	<input type="text" value="MM/DD/YYYY"/>	
	In City and Country	<input type="text"/>			
	Resident in (full address)	<input type="text"/>			
	Phone number	<input type="text"/>			
	Email address	<input type="text"/>			
	Nationality	<input type="text"/>			
	Declarations of the Applicant	I have experience in dealing with ethics issues in EU-funded projects, especially H2020 and HORIZON	<input type="checkbox"/>	Yes	<input type="checkbox"/>
I have demonstrated knowledge and skills in the fields of data protection, ethics, health data management, behaviour change, artificial intelligence and / or societal impacts.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I would accept a price reduction of the maximum lump sum of EUR 15.000,00.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I comply with the requirements of the document <i>"Ethics Advisors and Ethics Advisory Boards Roles and Function in EU-funded Projects"</i> ¹ issued by the European Commission.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I comply with the requirements of independence and impartiality.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I declare not to have any conflict of interests in relation to the project or its Beneficiaries.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to the processing of personal data by Istituto Europeo di Oncologia Srl to carry out the activities concerning the present selection procedure and to manage the contract with the successful Applicant. Personal data is considered confidential. Nevertheless, such data may be shared with the evaluators involved in the selection process (to be identified within the members of the consortium), as well as with the granting authority or other authority as provided by law.		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

¹ https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/roles-and-functions-of-ethics-advisory-ethics-advisory-boards-in-ec-funded-projects_he_en.pdf

Economics Offer	I propose a reduction of EUR [redacted] in respect of the Lump Sum fee of EUR 15 000.00 The total amount requested for the activities describe in the Terms of Reference (ToR) is thus equal to the amount indicate aside. This amount is [redacted] inclusive of VAT.
Acceptance of the Terms of Reference	By signing this application form I accept all the provisions set out by the ToR, to which this document relates.
Documents to be enclosed in the application	I attach to this application form the following document: <input type="checkbox"/> Recent CV, dated and signed

Date

Signature