

### **Teaching and Research Staff Department (SPES)**

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#### Contacts:

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# **INFORMATION SHEET**

Given name:					
First name(s):					
ULB staff number:					
<b>GENERAL INFORMATION</b>					
Sex: □ M – □ F					
Place of birth:				Da	te of birth: / /
<b>Nationality:</b> If you are from outside the EU or asso permit on page 3.					formation about your work/residence
Marital status: □ single □ married □ married (El □ divorced □ separated de facto					
SOCIAL SECURITY NUMBER (NISS):					-
LEGAL DOMICILE <sup>2</sup>					
Street:					
Number: Box:	Po	ostcode: .			. Town/city:
Country:					
Telephone: /		Mobi	le:	/	
E-mail address:					
MAILING ADDRESS (if different from	n legal do	micile)			

Street:	
Number: Box:	Postcode:
Town/city:	Country:

<sup>&</sup>lt;sup>1</sup> Check if your spouse is a European Commission official

<sup>&</sup>lt;sup>2</sup> People who reside in another country <u>for tax purposes</u> must provide official proof.

A certificate from the other country's tax authorities must be provided to ULB before the start date of the employment contract.

### FAMILY, SOCIAL, AND FINANCIAL INFORMATION

### SPOUSE FORMING PART OF THE HOUSEHOLD

Given name:		
First name(s):	. Sex: 🗆 M	□ <b>F</b>
Date of birth: / / Nationality:		
Spouse collects income from a professional occupation:   Yes  No		
Profession: Disability:%		

### CHILD(REN) OR OTHER

Given name	First name	Sex	Date of birth	Family relationship*	Dependent	Disability in %

\* cohabitant, son, daughter, adopted child, child under informal guardianship, son-in-law, daughterin-law, brother, sister, other (specify).

#### FINANCIAL INSTITUTION<sup>3</sup>

IBAN ac	coun	t nun	nbe	er:																				
BIC/SW	IFT co	ode:																						
[																								
Name a	nd ac	ddres	s of	fac	cou	nt h	olde	er: <i>(I</i>	IF THE	ACC	OUN	T IS H	ELD E	YAT	HIRD	PAF	RTY)							
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Military	or ci	vil se	rvic	e c	om	olet	ed:	ΠY	es –	- 🗆 N	lo		fro	m	/	·	/ .	•••••	•••••	to	•••••	/	/	

 $\Box$  released from duty –  $\Box$  exempt –  $\Box$  discharged –  $\Box$  aged less than 18 in 1992

<sup>&</sup>lt;sup>3</sup> For foreign accounts, please provide a document from your bank (IBAN, BIC, SWIFT, etc.)

### WORK PERMIT

Permit type: ..... Permit number: .....

If applicable, work permit expiry date: ..... / ..... / ...... / ......

residence permit expiry date: ..... / ..... / ......

## **PREVIOUS AND CURRENT EMPLOYMENT (excluding at ULB)** (please fill in chronologically)

Employer (company name, address, country)	Position and status (employee, civil servant, self-employed, etc.)	FTE percentage	Date of hiring	Date of departure
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### ACADEMIC DEGREES

Study programme	Institution name and address	Date of delivery	Degree or title delivered
MASTERS (excluding 'DEA' degrees and advanced Masters)			
PHD WITH THESIS			
'AGRÉGATION DE L'ENSEIGNEMENT SUPÉRIEUR' (AES)			

### **OTHER PROFESSIONAL OCCUPATION(S)**

Are you working in a paid or unpaid capacity for an organisation other than ULB?
□ Yes - □ No
If YES, are you working in an EU member state (or several member states) other than Belgium?
□ Yes - □ No
<u>If YES</u> , which member state(s)?
At what FTE percentage?
If YES, are you employed as a civil servant (paid or unpaid) in this(these) other EU member state(s)?

🗆 Yes - 🗆 No

Any changes to the information above must be notified to the Teaching and Research Staff Department.

Signed in .....

On (date) ..... / ..... / ......

Signature