

Authorisation request

I hereby authorise:

The **FUNDACIÓ DE RECERCA CLÍNICA BARCELONA – INSTITUT D'INVESTIGACIONS BIOMÈDIQUES AUGUST PI I SUNYER (IDIBAPS)**, to process my data for personnel recruitment purposes, transferring them only in cases where legally required, in line with the provisions of Regulation (EU) 2016/679, and the corresponding regulations that develop it.

Name and Surname:

DNI/NIE/ID:

Signed:

Barcelona,