

**GRADUATE PROGRAM IN REHABILITATION SCIENCES AND PHYSICAL-FUNCTIONAL PERFORMANCE**

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**Electronic Application Form –Selection Process 2024**

**Please read carefully before filling out**

**Identification**

|  |  |
| --- | --- |
| Full name | Marital status |
|  |  |

**Birth**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | City | State | Country |
|  |  |  |  |

**Membership**

|  |  |
| --- | --- |
| Father | Mother |
|  |  |

**Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| Identification Card No | Shipping Date | Issuing Body | CPF |
|  | / / |  |  |
| Voter registration | Electoral zone | Electoral section | City/Estate |
|  |  |  |  |
| Military document | Number | Serie |  |
|  |  |  |  |

**Adress**

|  |  |  |  |
| --- | --- | --- | --- |
| Street | Number/complement | Neighborhood | Zip code |
|  |  |  |  |
| City | State | Phone Number | Cell Phone number |
|  |  |  |  |
| E-mail |  | | |

**Select the research line in which your project will be developed:**

( ) **Cardiorespiratory performance and rehabilitation in different health conditions**

**( ) Assessment and intervention processes associated with the neuro-musculoskeletal system**

**Select 1 (one) of the modalities options for which you wish to compete in this Selection Notice, as described below:**

( ) General vacancies

( ) Vacancies reserved for affirmative actions

If you indicated that you are competing in the vacancies reserved for affirmative actions, you must select 1 (one) of the alternatives below, indicating one of the groups provided for in Article 2. of CONSU Resolution 67/2021:

( ) I - Blacks (black, brown);

( ) II - Traditional Peoples and Communities;

( ) III - Trans people (transgenders, transsexuals and transvestites);

( ) IV - People with disabilities (PWD);

( ) V - Refugees, applicants for refugee status and humanitarian immigrants.

**Note: Remembering that, as described in item 3.4 of the Selection Notice, candidates who will compete for vacancies reserved for affirmative actions must complete and sign a self-declaration corresponding to the required group, the model of which is available for download on the PPGCRDF website. Additionally, the group required at the time of registration cannot be changed at any stage of the selection process.**

Location and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_