

VOLUNTARY ATTENDANCE APPLICATION FORM

I, the undersigned SURNAME AND NAME _____

ask to attend, as observer, the Structure _____

_____ of "Azienda Ospedaliero Universitaria Meyer".

Pursuant to articles 46 and 47 of the D.P.R. 445/00, aware of the criminal responsibilities applicable in case of false and misleading declarations, I declare under my own responsibility:

- place of birth (City/State/Country) _____

- date of birth (dd/mm/yy) _____;

- residence address _____ n. _____;

city _____ province _____ phone _____;

- domicile address _____ n. _____;

city _____ province _____ (if different from residence address);

- e-mail address _____;

- certified e-mail address (P.E.C.) _____;

- fiscal code _____;

- that I obtained the following educational title _____

on (date) _____ at (University) _____

_____ final grade _____;

- to have the following professional license _____;

- to be listed in the professional register _____;

- to have a student or internship Visa: YES NO

- to be currently carrying out the following activity _____;

- that I want to access AOU Meyer structures for the following period of time (*indicate the period: min 15 days / max 6 months*) from _____ to _____;

- that I do not have past criminal convictions and ongoing criminal proceedings, restrictive orders or others measures; if yes, please tell which ones:

_____;

- that I read and fully accept the document "Instructions for Voluntary Attendance";

- reasons of the request or other useful information to evaluate the application:

_____;

- past contacts with the structure:

_____;

- voluntary attendance periods carried out in the last 5 years:

_____;

The Administration can perform random checks on the accuracy of the declarations made by candidates.

Attached documents:

- ID document
- Curriculum Vitae

Date _____

Signature _____

DATA PROCESSING

The undersigned declares to have been informed that all personal data contained in the application will be processed exclusively to manage this procedure and other possible related procedures, and that the processing complies with the principles regulated by art. 5 of the EU Regulation no. 679/2016 and the rights of data subjects established in Chapter III of the same Regulation.

Date _____

Signature _____

**Please send application and documents to:
frequenza.volontaria@meyer.it**