

## VOLUNTARY ATTENDANCE APPLICATION FORM

I, the undersigned SURNAME AND NAME \_\_\_\_\_

ask to attend, as observer, the Structure \_\_\_\_\_

\_\_\_\_\_ of "Azienda Ospedaliera 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_;

- any contacts already had with the Structure (**indicate contact name**):

\_\_\_\_\_;

- 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](mailto:frequenza.volontaria@meyer.it)**