

ATTENDANCE APPLICATION

Grugliasco, (date)

To the Director of the Department of Veterinary Science
Largo Paolo Braccini, 2
10095 Grugliasco (TO)

SELF CERTIFICATION (Art.47 of D.P.R. 28/12/2000 n. 445)

I, the undersigned Tel.....

e-mail.....

aware of the penal sanctions, in case of untruthful declarations and false documents, referred to in art. 76 D.P.R. 28/12/2000,

declare:

I was born inon

That I graduated in

I hereby apply for the opportunity to attend offices and laboratories of

..... at the Department of Veterinary Sciences,

under the guidance of Prof./Dr

for the following activities.....

.....

The undersigned intends to carry out medical assistance activities? YES ☐ NO ☐

To this end I declare:

- I have read and accepted the "Regulation for Graduates and Graduate Attendees" published on the Department's website.
- that I will arrange insurance coverage as per the regulation and will present the insurance documentation together with a copy of my identity document to direzione.dsv@unito.it ,before starting the activity.
- that I will attend the above premises from..... to on the days and times agreed with the tutor.

Contact Person/Tutor Acceptance Signature:

.....

Sincerely
The Attendee

.....

PRIVACY POLICY

The provision of data is compulsory for the requested procedure.

Personal data are collected and processed in compliance with privacy legislation and in relation to the same, the interested party enjoys the rights provided for in the privacy policy, made pursuant to Articles 13 and 14 of the GDPR - EU Regulation 2016/679 and available at the link:

<http://www.unito.it/privacy>;

You may at any time exercise your rights over your personal data (right to access the data, right to rectify, update, supplement, etc., as well as the right to object to processing for legitimate reasons) by writing a request with the subject "privacy rights" to: direzione.dsv@unito.it

Date:.....

Acknowledgement Signature: