Admission Request to the Voluntary Frequency to the Operational Unities of the San Giovanni Addolorata Hospital.

St. Giovanni-Addolorata Hospital
U.O.S.D. Quality and Formation
Via Amba Aradam, 9
Rome 00184

The undersigned

.....

(surname and name)

Born to ..... Address .....

.....Zip Code .....

Phone ..... E-mail .....

requests to be admitted to frequent the Operational Unity .....

.....of the San Giovanni - Addolorata Hospital,

in the year ..... semester/period .....

To this end, the undersigned declares, aware of the legal and penalties responsibilities in which he/she can incur in case of false or mendacious declarations, of:

a) *not to have brought penal sentences*;
b) *to enjoy some right of electorate assets and liabilities*;
c) *not to have been dismissed or distributed by the employment of Public Administration*;
d) *don't contemporarily frequent other Public Sanitary Firm or Settled.*

Is attached the following documentation:

1. Copy of certification of the diploma of degree with vote of degree (for those people that have achieved the degree to the foreign countries to point out the achievable maximum score according to the relative arrangement);
2. Curriculum vitae dated and undersigned;
3. Registration to the bulletin-board or Professional Order (where anticipated and to date no earlier than 6 months from that of presentation of the question);
4. Judgment of fisical fitness (D.Lgs. n. 81/08);
5. Insurance Policy.

The undersigned to undertakes to promptly inform the U.O.S.D. Quality and Formation of the San Giovanni-Addolorata Hospital for possible intervened changes compared to declared address, by exempting right now, the San Giovanni Addolorata Hospital, from any responsibilities for dispersion of communications derived from inaccurate indications or from missed or late communication of the address change from the question.

Rome, _____

_____

(Signature)

Privacy Policy

In compliance with the arts. 13 and 14 of the ***General Data Protection Regulation 2016/679***, I hereby authorize to use and process my personal details contained in this document.

_____

(Signature)