RICHIESTA DI
FREQUENZA

Gemelli

Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore

I, the undersigned,

NAME SURNAME

PLACE AND DATE OF BIRTH FISCAL/TAX CODE

RESIDENT IN STREET, HOUSE NO. POSTAL CODE

TELEPHONE CELLULAR/MOBILE PHONE E-MAIL

EDUCATIONAL QUALIFICATION

HEREBY MAKE APPLICATION FOR ATTENDANCE

FOR THE PERIOD FROM: TO:

AT THE FACILITIES OF FONDAZIONE

FOR THE FOLLOWING REASONS:

To this end, fully aware of the legal sanctions in the case of false statements as referred to in Art. 76 of the Italian Presidential Decree No. 445/2000

I HEREBY DECLARE

1. to have read through the current Regulation on voluntary attendance and to accept it in full and without reservation, in particular to be aware that voluntary attendance does not constitute any employment relationship and does not give any right to compensation;
2. to not be in any of the exclusion situations listed in Art. 2 of the Regulation;
3. to be aware that attendance authorisation shall only be granted upon delivery of:

- Insurance policy for permanent disability and death resulting from accidents and diseases contracted during voluntary attendance;
- Certification of payment made pursuant to Art. 4.1, paragraph 5, of the Regulation;
- Curriculum vitae;
- Copy of a valid identity document.

I hereby request that all communication and correspondence related to this application be forwarded to the following address (if different from above):

_____

_____

Gemelli

Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore

Pursuant to Legislative Decree. No 196/2003 I hereby declare to be informed that my own personal data will be processed by Fondazione Policlinico Universitario Agostino Gemelli exclusively to institutional purposes related to voluntary attendance and will not be disseminated or disclosed except in cases provided for by law or in the event of legitimate request by Authority.
I also hereby declare that I am aware of the rights as referred to in Art. 7 of Legislative Decree No. 196/2003 which I may at any time exercise towards the Corporate owner of data.

DATE SIGNATURE

Section reserved to prior consent to attendance

We hereby consent to attendance by Dr. (Mr./Mrs._____
at the Facilities belonging to the O.U. _____

For the purposes of assessing risk exposure, in accordance with Legislative Decree No. 81/2008 we hereby declare that attendance will be carried out at:

• Inpatient Ward/D.H. Department _____

• Outpatient _____

• Laboratory _____

• Operating Room _____

• Administrative Offices _____

• Other (please specify) _____

Signature of the Head of C.O.U.

_____

Read and approved by the Medical Director_____