

APPLICATION FORM

Spett.le
Centro Italiano di Studi Superiori sul
Turismo e sulla Promozione Turistica
Via Cecci 1
06088 S. MARIA DEGLI ANGELI - ASSISI (PG)

The undersigned.....
born in (city).....on (date).....resident in
(city).....at (address)n.post code.....
telephone numbere-mail.....

ASKS

to be admitted to the screening of the course for **“Trainer specialised in the topics of accessible tourism”**; agreement n°: 119645-JA-1-2004-1-IT-JOINTCALL-INDI, aware of the sanctions called for by art.26 of Italian Law 4/1/68 n.15, and by the 3rd paragraph of the DPR n.403/98 in cases of false declarations

DECLARES

- that s/he is unemployed or has never worked
- that s/he is citizen
- that s/he possesses the following educational qualification:
issued by (name and address of the Institute, date of issue).....
- that s/he possesses a residence permit for reasons of
which expires on
- that s/he authorises the Actuator, Centro Italiano di Studi Superiori sul Turismo e sulla Promozione Turistica, to handle the data reported here to fulfil its legal obligations, for the purposes of its training activity, for communications with external subjects (professionals, companies, businesses, agencies) with a view to possible hiring and/or the creation of data bases.

Attachments:.....
.....

Date Signature

In cases where the applicant is a citizen of a non-European Community nation, the declaration must be signed in the presence of the course secretary, or signed and sent together with a photocopy of a valid document/proof of identity.