



Allegato n. 2 English version

To the General Director

Fondazione IRCCS San Gerardo dei Tintori

Via Pergolesi, 33

20900 Monza

e-mail: protocollo@irccs-sangerardo.it

OBJECT: Request of voluntary attendance

Please write in capital letters

I, the undersigned Mr/Miss/Mrs _____

ASK TO ATTEND

FROM/...../..... TO/...../.....

The Structure/Ward _____

Headed by Dr/Prof. _____

of the Fondazione IRCCS San Gerardo dei Tintori

The present request of voluntary attendance is exclusively focused on:

To this objective, aware of the penalties of the art.76 del DPR 445/2000 (of the Italian Law) for the false statements,

DECLARE

- To be born in (town, state, country) _____
on ____/____/____
- Fiscal code (if pertinent) _____
- To live in (street, CAP, town, country) _____
- Phone _____ e-mail _____
- To have the following degree _____,
obtained at (University) _____
on ____/____/____
- To be enrolled in the following University Course _____
at (University) _____
- To have the proper insurance (type and number) _____ taken out with
(insurance company) _____
on ____/____/____, valid from ____/____/____ to ____/____/____ with the commitment
that if it expires during the period of collaboration, it will be renewed or a new one will be stipulated.

OR:

- Not to have the proper insurance for health and occupational accidents and/or professional illness, aware that the IRCCS S. Gerardo dei Tintori will not respond, for any reason, in the event of an accident occurring during the aforementioned activities, to any claim advanced.

I therefore indemnify the hospital from any type of prejudicial consequence that should occur with reference to the activity carried out.

I ALSO DECLARE:

- to have read the current Rules (Regolamento) (www.irccs-sangerardo.it - Amministrazione trasparente - Disposizioni generali - Atti generali-Regolamenti aziendali) on the voluntary attendance and to fully accept it, without reserve, and in particular to be aware that the voluntary attendance does not constitute an employment relationship and therefore does not give any salary;
 - to be informed that personal data will be processed by the hospital only for institutional purposes related to voluntary attendance, and that these will be disseminated or communicated, except in the cases provided for by law. You can exercise your rights at any time as by art.7, DGS 196/2003 (Italian law) by contacting the office responsible for the processing of personal data of the hospital;
 - to have no criminal convictions (otherwise, report convictions):
-

- to be informed on the correct use of personal Badge, the will be returned to the Human Resources Office at the end of the voluntary attendance (if pertinent).

I ATTACH TO THE PRESENT FORM:

-
- Scholar degree, or self-certification
 - receipt of the proper insurance (in respect of the requirements previously communicated by the International Mobility or reported on the UNIMIB website).
 - copy of a valid ID card or passport
 - copy of a valid residence permit (if requested)
 - health documentation required

Date, place _____

Signature _____

RESERVED TO THE RESPONSIBLE OF THE STRUCTURE/WARD

I, undersigned _____

Head of the Structure/Ward _____

Authorize the voluntary attendance of

Mr/Miss/Mrs _____

From ____/____/____ to ____/____/____

Stamp and signature (readable)
