

To the General Manager

Istituto Oncologico Veneto IRCCS

Via Gattamelata, 64

35128 Padua (PD)

Certified e-mail (PEC): protocollo.iov@pecveneto.it

APPLICATION FOR ADMISSION TO A VOLUNTARY WORK PLACEMENT

I, the undersigned _____ Tax Code _____, born in _____, on _____, resident in _____, domiciled in _____ (to be completed only if domicile and residence are not the same), e-mail _____, mob. _____

HEREBY ASK

to be admitted to a voluntary work placement at the O.U. _____ for a period of _____ months, from _____

To this end, under my own responsibility and aware of the provisions of Art. 76 of Presidential Decree No 445 of 28.12.2000

and the criminal liability incurred in the event of false declarations,

I HEREBY DECLARE

- that I hold the following qualification _____, obtained at _____ on _____;
- that I qualified as a _____, at _____, on _____;
- that I have been enrolled in the professional association _____ since _____;

- that I hold a diploma of specialisation in _____ obtained at _____ on _____;
- that there are no grounds for incompatibility as set out in Article 4 of the Voluntary Work Placement Regulations, i.e:
 - being an employee of the institute;
 - carrying out activities as part of a scholarship granted by the institute;
 - specialist medical training at the institute;
 - the performance of freelance activities at the institute;
 - simultaneous work placement in an additional department and/or service at the institute.
- that there are no existing situations, even potential, of conflict of interest, pursuant to the Code of Conduct for Public Employees (Presidential Decree No 62 of 16 April 2013, containing: 'Code of Conduct for Public Employees, pursuant to Article 54 of Legislative Decree No 165 of 30 March 2001' as amended) as well as the Company Code of Conduct.

I, the undersigned, also declare:

- that I am aware that admission to the work placement is for the sole purpose of acquiring professional knowledge and must not slow down and/or impede the normal activity of the service;
- that I have read the regulations for voluntary work placements at the Istituto Oncologico Veneto IRCCS, which I agree to in full by signing this application;
- that I hereby exonerate the Istituto Oncologico Veneto IRCCS from any liability arising from the work placement for acts of wilful misconduct or gross negligence;
- that I comply with company regulations and rules on hygiene, safety and health in the workplace;
- that I know and comply with the company's code of conduct, published in the 'Transparent Administration' section of the institutional website;
- to know and comply with the 'Three-year plan for the prevention of corruption' published in the 'Transparent Administration' section of the institutional website;
- that I have read the privacy statement pursuant to Article 13 of EU Regulation 2016/679 as amended, concerning the voluntary work placement relationship.

I. the undersigned, enclose:

- 1) a copy of my accident insurance policy, including death and permanent disability;
- 2) a copy of a valid ID document;
- 3) if the applicant is a non-EU citizen, a copy of their residence permit pursuant to Article 27(f) of Legislative Decree of 25 July 1998, 'Testo Unico sull'Immigrazione' (Consolidated Law on Immigration), which must be valide for the entire period of the traineeship;
- 4) the privacy statement, duly completed and signed;
- 5) if the applicant documentation certifying the recognition/equivalence of the academic degree obtained abroad;
- 6) certificates relating to occupational safety courses pursuant to Law 81/2008 that the trainee may have already taken.

(Place and
date)

(signature)

