

S. P. E. S. S.c.p.A. Society for the Promotion of Savona Bodies for the University



NOTICE OF COMPETITION FOR THE AWARD OF NO. 8 BEDS FOR A FEE

APPLICATION FOR ADMISSION E DECLARATION ON THE POSSESSION OF REQUIREMENTS 2021/2022

To the President of SPES S.c.p.A. Via A. Magliotto 2 - University Campus - 17100 Savona

The undersigned resident (address)			orn in	on Post code
Citizenship	Type of Document		Document Number	
issued by	on	deadline		_
fiscal Code				
Landline telephone number		Mobile telephone number		
Email address				

Room choice:

single

$\hfill\square$ double (indicate below the name of the joint guest with whom you want to share the double)
Name and surname

I have read the selection call for PAID BEDS issued by S.P.E.S. S.c.p.A. to benefit from a bed in temporary accommodation facilities under the conditions set out in the selection notice, I ask for the assignment of the bed and, aware of the penal sanctions, in the case of untruthful declarations, training or use of false documents, recalled by the 'art. 76 of the Presidential Decree 445/2000,

___, of the faculty of ____

I declares:

I. to be Italian citizen, or of the State of the European Union, or of another State;

II. to be regularly enrolled in the degree course in _

UNIGE based at the University Campus of Savona;

III. to reside at a distance of more than 60min (travel time);

IV. to have achieved 22 credits in the previous academic year;

V. to have read and understood the announcement for the assignment of paid beds and to accept all the parts;

VI. to have read and understood the regulation and supplement relating to the containment of the Covid 19 virus, published on the website www.campus-savona.it, to accept them in all their parts and undertake to comply with them.

The submission of the application provides, in addition to acceptance, compliance with the announcement, the regulation and the related integration in all their parts.

Acceptance of the Privacy Policy EU Regulation 2016/679

I declare that I have read the privacy policy and that I give explicit, free, informed and unambiguous consent to the processing of my personal data by the data controller, according to the information provided.

The following documentation requested in the announcement is attached to the request for accommodation:

- 1._____
- 3.
- 4._____

5.

- 6.
- Date _

Signature for acceptance ____

of

