**Domanda di ammissione al**

**Corso interdisciplinare in cure palliative 2023/2024**

***Termine ultimo di consegna:* 17 marzo 2023**

***Si accettano solo documentazioni complete***

Il/La sottoscritto/a (cognome) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nome) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato/a il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_

residente a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_\_\_\_\_

Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n° \_\_\_\_\_\_\_\_\_ CAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ Cell. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cittadinanza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Codice fiscale* ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦ ⎣ ⎦

dichiara

di svolgere attualmente la professione di *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* presso

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| Indirizzo *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
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| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Unitá operativa /Servizio |
| Tel. *\_\_\_\_\_\_\_\_\_\_\_* |  | E-mail *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  |  |
| di esercitare la professione da (anni/mesi) | \_\_\_\_\_\_\_\_\_\_anni | \_\_\_\_\_\_\_\_\_\_mesi |

(al 31.12.2022)

la propria motivazione a frequentare il corso

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di accettare tutte le condizioni stabilite dal bando.

***Allegare***

***🞐*** *Fotocopia del documento di identità*

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 *data* *firma*