

ANNEX A

To the Italian Society of
Anatomical Pathology and
Diagnostic Citology
SIAPeC

To the attention of SIAPeC
President, Prof.ssa Anna Sapino

The undersigned:

FIRST NAME.....

LAST NAME.....

BORN ON /...../..... in

requests to participate in the public selection named “**SIAPeC 4 UKRAINE**”, based on qualification, to assign n. 1 “**hosting grant**”, lasting 6 months and amounting to 10.000 Euros, dedicated to Ukraine citizens, in possession of the Degree in Medicine and Surgery and specialization Anatomical Pathology in progress or completed, in order to attend a training and updating period in an Italian Laboratory who joined the “**SIAPeC 4 UKRAINE**” project.

To this end, under her/his own responsibility, pursuant to Articles 46 and 47 of Presidential Decree 445/200, she/he declares that:

- a) she/he is a citizen of Ukraine;
- b) she/he is a resident of Ukraine or has left the Country after 24th February 2022;
- c) she/he has the following education qualification, which is required as a specific admission requirement, (**applicant is requested to mark the current status for her/his education qualification**):
 - Degree in Medicine and Surgery and **has already obtained the specialization** in Anatomical Pathology
 - Degree in Medicine and Surgery and **is attending specialization** in Anatomical Pathology

Obtained on/...../....., (date)

at..... (university/school);

- d) she/he has accomplished the Sars-Cov-2 cycle of vaccination

e) she/he has knowledge of English or Italian Language

In attachment please find:

- double-sided photocopy of a valid identity document, essential for the validity of self-certification
- the undersigned's professional Curriculum, dated and signed, as well as a copy of her/his identification document
- photocopy of Master's Degree in Medicine and Surgery
- photocopy of **the certificate of the obtained specialization** in Anatomical Pathology
- photocopy of **the certificate of attendance of the specialization** in Anatomical Pathology in course
- "hosting Laboratory form" (Annex B)** duly signed

The undersigned declares to have read the SIAPEC privacy policy (Annex B6) and

AGREES - **DO TO AGREE**, in accordance with Regulation (EU) 2016/679, that my data may be stored and processed as described in the privacy policy.

The undersigned requests that any communication relating to this procedure is sent to the following address, undertaking to communicate any subsequent changes, and acknowledges that SIAPEC accepts no responsibility in the event of the recipient being unavailable:

Street address

City

Postcode

Telephone number

e-mail C.E.M (if available)

e-mail

Place and date

Signature

Applicant First name and Last name

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