

The undersigned ____, born the __/__/__ in _____ (Prov. ____), nationality ____, resident in _____ (Prov. ____), via ____, e.mail address ____, tel. ____
having submitted to Ardiss an application for accommodation for a.y. 2020/2021 as a student enrolled a year after the first by the end of 05/08/2020

aware of the criminal penalties provided for in the case of false declarations and the training or use of false acts

APPLIES FOR

the allocation of pre-accommodation from 1/09/2020 to 14/09/2020 at the Ardiss facilities in Trieste for the following reason:

- Compulsory traineeship or other compulsory activity in presence from ____ to ____ (please indicate the activity: ____)
- Already present in the house of student E4 in Trieste in August 2020

Furthermore, aware of the penalties provided for in Article 2 of Decree-Law No 33 of 16 May 2020

DECLARES UNDER ITS OWN RESPONSIBILITY

1. to be aware of the measures of containment of covid - 19 in force in Italy and, in particular, the prescriptions contained in the decree of the President of the Council of Ministers August 7, 2020 and subsequent ordinances of the Minister of Health;

2. not to be resident in the countries and territories indicated in the ordinances of the Ministry of Health and in the current government provisions concerning containment of covid - 19;

3. not have covid -19 or have not been subjected to a mandatory or fiduciary quarantine period of at least 14 days;

4. not to experience symptoms related to covid - 19 such as, by way of example, body temperature above 37.5 °C, cough, cold;

5. not having had contact with people with covid -19;

6. of not having made in the last 14 days stays/transit in the Countries and territories indicated in the ordinances of the Ministry of Health and in the governmental provisions in force regarding the containment of covid -19.

Place and date _____

Signature of the declarant _____

Attach front and back photocopy of an identification document.