

**VISITORS REGISTRATION FORM**

Ferrara, Fare clic qui per immettere una data.

|  |  |
| --- | --- |
| Surname: | First Name: |
| Place and date of birth: |
| Citizenship: | Male: ☐ Female: ☐ |
| Address:  |
| Local address in Ferrara area: |
| Telephone: |
| E-mail address: |
| Home Institute: |
| Qualification/Title: |
| **STAY** |
| Arrival: Fare clic qui per immettere una data. | Departure: Fare clic qui per immettere una data. |
| Nature of the visit (description): |
| Name and title/qualification of UNIFE Contact/Host:  |
| UNIFE host Department: |
| **HEALTH INSURANCE DISCLOSURE** |
| Are you covered for disability or death befenefits, arising from professional accidents or illness?YES ☐ NO ☐ |
| **EMERGENCY CONTACT**In the event of an emergency, please indicate the name and number of the person to be contacted at your home Institution and/or the name and number of your close relative or friend to be contacted. |
| Home Institution contact: Phone:Relative/friend contact: Phone: |

**I certify that the above information is correct.**

 Visitor UNIFE Department Director

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*Pursuant to Regulation 2016/679 (EU) “RPGD” and to the D. Lgs. n. 196/2003 and ss..mm.ii, regarding the protection of personal data, the University commits to respect the confidential nature of the information provided by applicants: all the details provided will be processed exclusively for the purposes related to and instrumental in the selection and in the management*