

**VISITORS REGISTRATION FORM**

Ferrara, Fare clic qui per immettere una data.

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| --- | --- | --- | --- |
| 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*