APPLICATION TO PARTICIPATE IN THE SELECTION

For the project ***FORMAZIONE PER L’ITALIA***

I, the undersigned

|  |  |
| --- | --- |
| FIRST NAME (If you have middle names, please enter them here as well) |  |
| LAST NAME |  |
| CITY OF BIRTH |  |
| DATE OF BIRTH |  |
| PAN CARD NUMBER |  |
| RESIDENCE: STATE/DISTRICT |  |
| RESIDENCE: ADDRESS |  |
| RESIDENCE:  PIN CODE |  |
| TELEPHONE |  |
| EMAL |  |
| PASSPORT ID |  |
| PASSPORT: ISSUED ON(DATE) |  |
| PASSPORT: VALID TILL(DATE) |  |

HEREBY SUBMIT MY APPLICATION FOR THE SELECTION PROCESS FOR:

PRE DEPARTURE TRAINING TARGETTED AT PROFESSIONALS LOOKING FOR EMPLOYMENT IN ITALY

HAVING QUALIFICATION IN ONE OF THE FOLLOWING SECTORS:

**INFORMATION TECHNOLOGY :** Professionals qualified in JAVA;JAVA Maddalena; Cloud Azure; Web Designer; Data Analyst, ecc.

**Logistica :** Warehouse Managers; Logistics Operators; Supply Chain Manager

**Sanitario :** Nursing professionals;Social Health workers; Caregivers for the elderly.

**Edilizia**: plumbing operators; Electrical Operators; Flooring Specialists, etc.

I CERTIFY THAT I AM QUALIFIED AS PER THE FOLLOWING DATA:

|  |  |  |
| --- | --- | --- |
| TITLE OF STUDY | SCHOOL (UPTO X STD) |  |
|  | HIGH SCHOOL( XI AND XII) |  |
|  | UNIVERSITY |  |
| CERTIFICATION IN ICT/IT |  |  |
| WORK EXPERIENCE:(ENTER AREA AND PERIOD |  |  |
|  |  |  |
|  |  |  |
| I AM, AT THIS MOMENT | UNEMPLOYED  EMPLOYED  |  |
| KNOWLEDGE OF ITALIAN | NIL  A FEW WORDS  A1  A2 B1  |  |
| KNOWLEDGE OF LANGUAGES | FRENCH  A1/A2  B1/B2  ENGLISH  A/A2  B1/B2  |  |

I THE UNDERSIGNED DO DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND SELF CERTIFY THE SAME

ATTACHED

PLEASE FIND ATTACHED ALONG WITH THIS APPLICATION THE FOLLOWING DOCUMENTS

 PHOTOCOPY OF A CURRENTLY VALID PASSPORT

 DECLARATION OF THE PARTICIPANT ABOUT THE KNOWLEDGE OF THE FOLLOWING INFORMATION: THE COURSE IS FREE, IT DOESN’T PROVIDE A GUARANTEE OF ENTRY INTO THE TERRITORY OF ITALY, IT DOESN’T COVER OPERATIONAL COSTS RELATED TO THE ENTRY OF THE PARTICIPANT INTO ITALY.

PLACE AND DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

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THE UNDERSIGNED AUTHORIZES THE USE AND PROCESSING OF PERSONAL DATA PROVIDED ONLY AND EXCLUSIVELY FOR THE PURPOSE OF PARTICIPATION IN THE SELECTION FOR THE PROJECT  ***FORMAZIONE PER L’ITALIA***.

PLACE AND DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

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NB : Please send the application form along with relevant documents to the email address listed in the selection notice.