I, undersigned

Born in

on

Matriculation n.

Italian fiscal/tax code

Phone / mobile phone

being aware that false declarations are punished with specific sanctions and with the loss of all relevant benefits (art. 76 of D.P.R. 445/2000),

DECLARE

- that I have read carefully the “Info in English” section about the Erasmus+ Traineeship Programme AY 2020/2021;
- that, in case I am not able to understand the official notice (“Bando”) which is available in Italian only, I will seek assistance by sending an email to the International Mobility Office at outgoing.students@amm.units.it in due time before the deadline;

- that I am not recipient of any other EU grant for educational/training activities abroad for the same mobility period;
- that I have already carried out ☐ that I have never carried out ☐

one or more Erasmus+ mobility periods (Study and/or Traineeship) in the same cycle of study in which I am presently enrolled for a total period of …. (months)

- that my language proficiency level corresponds at least to B1 (in the language requested by the hosting Institution)

OR

- that I hold the following language certificate ……………………………………… level ………………… (for evaluation purposes a copy of the document should be attached to the CV);
- that I am aware that my mobility is subject to confirmation by the hosting Institution and that conditions may change due to the emergency evolution;
- that I will always keep updated and comply with:
  - the national and regional regulations concerning COVID-19 prevention and control,
  - the health and safety measures in force in the country of destination and the regulations regarding travellers coming back to Italy (quarantine, restrictions…);
  - that I will strictly follow the instructions provided by the hosting Institution also in relation to COVID-19 containment measures and that I have read and I accept the specific conditions for my traineeship;
  - that I am aware of any inconveniences and risks that may occur due to COVID-19 (health issues, quarantine, problems with means of transport and accommodation, restricted access to facilities etc.);
- that I commit to subscribe a health insurance policy covering risks related to the COVID-19 pandemic;
- that I commit to subscribe a travel insurance policy covering cancellations or delays related to the COVID-19 pandemic;
  - that I discharge the University of Trieste from any obligation related to expenses/costs due to the above mentioned circumstances and to unforeseen events connected with possible disruptions/cancellations of mobilities due to the COVID-19 pandemic;
  - that I am aware that the University of Trieste will not reimburse any additional cost due to COVID-19 prevention measures adopted by the Italian Ministry or by the Authorities of the country of destination or by travel companies.

PLACE ___________________________ / / DATE ___________________________  APPLICANT’S SIGNATURE ___________________________