



Request to access DIA premises for external visitors¹

The undersigned (name and surname) _____,
born in _____ on (dd/mm/yyyy) _____,

REQUESTS

the authorization to access, during opening hours, the premises of the Department of Engineering and Architecture of the University of Trieste at (Trieste/Gorizia/Pordenone) _____

as² _____

for the following activity _____

under the scientific supervision of Prof. _____ from
(dd/mm/yyyy) _____ until (dd/mm/yyyy) _____.

Personal details

Home country

Resident in: _____ ZIP code: _____

Address: _____

Phone: _____

E-mail: _____

Affiliation (Institution/Organization/Company): _____

Qualification: _____

Italy

Address: _____

Phone: _____

E-mail: _____

The undersigned, aware of the administrative consequences of forfeiture of the benefits obtained by the declarant (Article 75 of Presidential Decree 445/2000) and of the criminal consequences provided for by law (Article 76 of Presidential Decree 445/2000, Article 495 of the Criminal Code and Article 483 of the Criminal Code) in case of false statements, pursuant to art. 46 and 47 of the Presidential Decree n. 445/2000,



DECLARES

- to have fulfilled the obligations relating to health surveillance in the Institution where he/she is affiliated; if not, that he/she commits to follow the health surveillance procedures of the hosting University³
- to have been instructed in the safety courses of the Institution where he/she is affiliated; if not, that he/she commits to attend the safety courses of the University (video courses⁴)
- to be informed that is mandatory to have his/her own third-party liability insurance with a minimum limit of € 500.000,00
- to not hold the Director nor the Department responsible for any accident during the entire period of stay
- to relieve the Director and the Department from any co-responsibility in case of damage caused to third parties during the entire period of stay
- to be informed and to accept, pursuant to and for the purposes of articles 13-14 EU Regulation 679/2016 on data protection, that the data collected will be processed by the University for institutional purposes, even with IT tools, exclusively in the context of the procedure for which this declaration is made, and that it is possible to exercise the right of access to this data in pursuance to art. 15 of EU regulation no. 679/2016.

The undersigned attaches the copy of a valid identity document.

VISITOR

Endorsed:

SCIENTIFIC SUPERVISOR

Approved:

THE DIRECTOR



¹ To be filled in if the stay exceeds 30 days, in the absence of contracts, agreements, etc.

² Research Fellow, Scholarship Holder, Scientific Collaborator, PhD Student, Outsourcing Services Staff, Visiting Student, Postgraduate Trainee, Volunteer, Other (specify)

³ HEALTH SURVEILLANCE ACTIVATION: fulfill the "planned activities evaluation form" at the page <https://portale.units.it/it/servizi/prevenzione-e-protezione/documentazione> and after the Department Director signature, must be sent to sorveglianza.sanitaria@units.it

⁴ SAFETY COURSES: <https://www.units.it/personale/ta/attivita-lavorativa/corsi-salute-sicurezza>