



Attachment to the traineeship project "PFI" TRAINEE'S SELF-CERTIFICATION FORM

, the undersigned declarant, (full name)					, born on (date of birth)			
/ /	in (place	of	birth)			(Province),	
nationality	,		resident	in	(Provinc	e)		
address			,	in refer	ence to the t	raineeship as	s (professional	
profile)	, by (name of Company/Institution							

starting date: ______ ending date______,

being conscious of the criminal and administrative penalties incurred for misrepresentation, hereby (pursuant to artt. 46, 47, 75 e 76 del D.P.R. 445/2000)

DECLARE, UNDER MY OWN RESPONSIBILITY, THAT

- I do not benefit from other traineeship allowance or compensation, but the one provided by the Eurodyssey public call, approved with ASPAL resolution no. 497 on 04/3/2022;
- I have never done a traineeship in the Eurodyssey program before;
- during the last two years, I have never had any kind of employment relationship with the above company/ institution;

■ I am aware that the traineeship is ruled by the Italian and Sardinian law (Linee Guida sui tirocini, approved by DGR 34/7 of 03/07/2018 and by Regolamento per l'attivazione di tirocini extra Curriculari ASPAL //www.regione.sardegna.it/documenti/44_744_20181009121119.pdf).

Declarant's signature

Identity document: (type)____ (number)-____ (issuer)_____ (date of issue)