To Department of

BIOMEDICINA, NEUROSCIENZE E DIAGNOSTICA AVANZATA

**Object**: Access authorisation to Departmental facilities

The undersigned (name and surname) ......................................................................, born in ........................................................................................ on …………….……, as a student of ................. year of the Degree Course in ......................................................................................................................................, registration number:...................., email:.................................................................... , phone number:.........................................................,

**ASKS**

to attend the premises and research laboratories of the section of ................................................., pertinence of this Department, for which is responsible Professor ............................................................................., in order to carry out the activity of: *(tick the box of your interest)*

[ ]  DISSERTATION PROCESSING (Protocol number ................................... of ……………, if already assigned);

[ ]  INTERNSHIP;

[ ]  STUDY/RESEARCH/EXPERIMENTAL-TEACHING LABORATORY;

[ ]  VOLUNTARY ATTENDANCE.

To this end, the undersigned

**DECLARES**

* To have received on behalf of the Director of the Department all information regarding safety, prevention and protection measures related to the equipment to be used;
* To respect the safety regulations and the use of personal protective equipment during the activity on Departmental premises, in accordance to the safety regulations and the obligations described in the art. 5 of the Legislative Decree 626/94 and art. 20 of the Legislative Decree 81/2008 and subsequent amendments;
* To be aware of the fact that the insurance coverage, for the entire period of attendance, is guaranteed by the University of Palermo and is the one provided for students;

Palermo, ……………

 The applicant The Head of the The Student

 Department Section Supervisor

 ....................... ....................... .......................

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| ACCESS AUTHORIZATION TO DEPARTMENTAL FACILITIES |
| ***Seen, it is authorized.***The Director Prof. Giuseppe Ferraro …………...................................... |