

**ERASMUS+ TRAINEESHIP PROGRAMME AY 2020/2021
SELF CERTIFICATION – FORM A**

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.);



UNIVERSITÀ
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**Area dei Servizi Istituzionali
Settore Servizi agli Studenti e alla Didattica
Ufficio per la Mobilità Internazionale**

- 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