**ENROLMENT FORM FOR THE ADMISSION AND SELECTION TO THE**

**Specialization and advanced training Course in Landscape Design, PdP year 2020**

to be sent no later than the 2nd of December 2019, 12:00 a.m. mail this form to [masterpaesaggio@simonettabastelli.com](mailto:masterpaesaggio@simonettabastelli.com) and and by certified mail to the Cursa address [amministrazione\_roma@pec.cursa.it](mailto:amministrazione_roma@pec.cursa.it) (alternatively to the CURSA headquarters, to send by recorded delivery or hand delivery, via Ravenna 8 – ZIP 00185 Rome, IT) including a curriculum vitae with your professional/institutional experiences and an identity card.

In concurrence with the 5th article, by filling in this form I am request to participate to the selection process for the “Specialization and advanced training Course in Landscape Design” – PdP year 2020

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_/\_\_/\_\_\_\_\_\_nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence: Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code \_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street-square \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from your residence): Postal code \_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street-square \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible registration to professional order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree from the University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoken Languages (if foreign nationality specify the level of the Italian language) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment in case of admission: Single payment ❑ Multiple payment ❑

Date \_\_/\_\_/\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGISLATIVE DECREE 30/06/2003 n.196 – PERSONAL PRIVACY

Pursuant to the aforementioned decree and subsequent amendments I release my consensus for the treatment, conservation and communication, of the data above reported; for finalities and within the limits of ACMA privacy policy. I am aware of the fact that without the consensus, activate the services will not be possible. I express my consent to collect and process the data above for information, services relating to the activities of the course.

I AUTHORIZE ❑ I DO NOT AUTHORIZE ❑

(required field) Date \_\_/\_\_/\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also express my consent to collect and process the above data, for information, services, and / or pro-business motions. I AUTHORIZE ❑ I DO NOT AUTHORIZE ❑

(required field) Date \_\_/\_\_/\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_