**ANNEX A - APPLICATION FORM**

**ERASMUS+ PROGRAM A.Y. 2021/2022**

***To the Magnificent Rector of***

***Saint Camillus International University of Health Sciences***

***e-mail:*** ***erasmus@unicamillus.org***

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fiscal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address) ZIP\_\_\_\_\_\_\_\_\_\_\_ cel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ university e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

enrolled for following academic year to the following Degree Course:
**(Please tick the box for the degree course and year of enrolment)**

 Degree Course in Medicine and Surgery

* II year
* III year

Degree Course in Orthodontics and Dental Prosthetics

* II year

 Degree Course in Nursing

* II year

 Degree Course in Physiotherapy

* II year

**DEMANDS**

to participate to the selection for the assignment of an Erasmus grant in the country (ies) and University (ies) listed below:

|  |  |  |
| --- | --- | --- |
| **N** | **COUNTRY** | **UNIVERSITY** |
| 1 |  |  |
| 2 |  |  |

 **Please note that the candidate can choose two destinations from the ones listed in the Call and for which he/she is eligible for.**

The reference period with reference to academic year 2021/2022, for which the student can carry out the abroad mobility for study reasons is the autumn-winter semester (August / September 2021 - January / February 2022).

**TO THIS PURPOSE, AWARE OF THE PENALTIES FOR MENDANT DECLARATIONS PURSUANT TO D.P.R N. 445/2000 AND SUBSEQUENT AMENDMENTS AND INTEGRATIONS, DECLARES:**

- to be up to date with the payment of taxes SI NO

- that during the mobility period he/she will not benefit from other EU grants SI NO

- to have achieved the following language level with reference to the chosen destination:

|  |  |  |
| --- | --- | --- |
| **DESTINATION** | **LANGUAGE** | **LEVEL** |
| 1. |  | □ A1 | □ A2 | □ B1 | □ B2  | □ C1  |  □ C2 |
|  | □ A1 | □ A2 | □ B1 | □ B2  | □ C1  |  □ C2 |
| 2. |  | □ A1 | □ A2 | □ B1 | □ B2  | □ C1  |  □ C2 |
|  | □ A1 | □ A2 | □ B1 | □ B2  | □ C1  |  □ C2 |

To complete the Application form (Annex A), the student will have to attach the following documents:

1. Copy of a valid identity document;
2. List of exams taken and weighted average to be downloaded from the Personal Area on the GOMP portal and the related form List of exams taken and weighted average (Annex B);
3. Motivation letter (Annex C) to be provided in English language;
4. Official language certificate, requested by the Receiving Institution(s) related to the knowledge of Language 1 and Language 2 (when required) of the chosen destination (s). If such certification has not yet been obtained, the student is required to provide a Linguistic self-certification (Annex D) as proof of its linguistic level. **Please note that the Official language certification must be provided by July 30, 2021, under penalty of exclusion.**
5. Declaration of having read the information relating to the processing of personal data, A.Y 2021/2022 pursuant to art. 13 and 14 of Regulation (EU) 2010/079 on the "protection of individuals with regard to the processing of personal data" (hereinafter also GDPR) provided by Unicamillus (Annex E).

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that any application not provided on time (beyond June 23, 2021), incomplete or sent to a different email address other than** erasmus@unicamillus.org **will not be considered.**