



## DSV FACILITIES ACCESS REQUEST FORM

To Director  
Department of Life Science  
University of Trieste  
Via E. Weiss, 2  
I – 34128 TRIESTE

I, the undersigned \_\_\_\_\_

### REQUEST

to be authorized to attend DSV's facilities as: <sup>(1)</sup>

*To be completed **only** by **bachelor or master students** <sup>(a)</sup> and **PhD students** <sup>(b)</sup>:*

(a) Name of Degree Course \_\_\_\_\_ cycle \_\_\_\_\_

(b) Name of PhD Course \_\_\_\_\_ cycle \_\_\_\_\_

Department - University in which the Course of Study or PhD Course is held:

to carry out the following activities:

Laboratory research

Field research

Manuscript preparation

Other <sup>(2)</sup> \_\_\_\_\_

### Personal contact details

Address\* Street \_\_\_\_\_ ZIP code / City\* \_\_\_\_\_

Phone / Mobile\* \_\_\_\_\_ e-mail\* <sup>(4)</sup> \_\_\_\_\_

Provenance (Institution / Company) <sup>(5)</sup> \_\_\_\_\_

Role <sup>(5)</sup> \_\_\_\_\_

In this respect, with the signature affixed at the bottom of this form, pursuant to artt. 46 and 47 of Presidential Decree (D.P.R.) 28.12.2000, n. 445 (**SUBSTITUTE DECLARATION OF CERTIFICATION AND NOTARY ACT**), aware of the criminal sanctions in the case of untruthful declarations, of the preparation or use of false documents, referred to in art. 76 of Presidential Decree (D.P.R.) 445/2000 and the further sanctions of forfeiture of benefits resulting from any provision or act of the Administration issued on the basis of untruthful declarations, pursuant to art. 75 of the aforementioned Presidential Decree (D.P.R.) 445/2000

### CERTIFY

- to have read and accepted the [DSV's Internal Regulations](#)
- to observe all the safety provisions indicated on the websites of the University Prevention and Protection Service and of DSV
- to have received information from the Supervisor pertaining to the UNITS Joint Protocol regulating the measures to fight and contain the widespread of Covid-19
- to have fulfilled all obligations related to health surveillance as provided by the University or by the Institution to which one belongs



- to have received information from the Supervisor pertaining to a) the procedures to be followed in case of an emergency, b) the protocols applying to the specific laboratory and c) the correct use of the instruments, including those in common use
- <sup>(6)</sup> to have followed the courses on safety of the University or the Institution to which one belongs, of which a copy of the final certificate is attached (mandatory for all except for special cases agreed with the DSV Administration)
- <sup>(6)</sup> to have activated at one's own expense the insurance coverage (optional) provided by the cumulative accident policy, signed by the University Administration in favor of University's guests, of which a copy is attached
- <sup>(6)</sup> to have one's own insurance coverage against accident risk
- to be aware that one's data will be processed by the University for institutional purposes according to the principle of relevance pursuant to regulation (EU) no. 2016/679 (personal data protection code), and that the rights provided for the interested party will be guaranteed.

### UNDERTAKE

- to notify the Department of Life Sciences at [registrazione.dsv@units.it](mailto:registrazione.dsv@units.it) any changes that could affect the permanence in the Department's structures (extension of the expiry date, change of laboratory, building or reference contact person) using the form "Data Change Request for DSV Frequency".

**I, the undersigned, attach a front/back photocopy of a valid identity document.**

Trieste, \_\_\_\_\_

The Applicant \_\_\_\_\_  
(signature in full and legible)

The Supervisor <sup>(7)\*</sup> \_\_\_\_\_ Role \_\_\_\_\_

### CERTIFY

- The activity will be conducted in the following laboratory / study <sup>(8)\*</sup>

\_\_\_\_\_

from\* \_\_\_\_\_ to\* \_\_\_\_\_ <sup>(3)</sup>

- To be aware of the potential health risks related to the spread of COVID-19 related to the increase in the occupancy density of spaces.

Trieste, \_\_\_\_\_

The Supervisor \_\_\_\_\_  
(signature in full and legible)

The Director \_\_\_\_\_ <sup>(9)\*</sup>

## NOTES FOR GUIDANCE FOR THE FORM

\*) Fields with asterisk are mandatory

1) Specify one of the qualifications described in the list of internal users or external users of the University of Trieste

### Internal users

Research fellows, Fellows, Co.co.co., Occasional collaborators, PhD students of UniTS, Administrative and Technical staff, Contract Professors, Full and Associate Professors, Emeritus Professors, Student representatives on the Department Councils and on the Departmental Board, University Researchers (RTDa, RTDb), Students and Erasmus students (Trainees or Undergraduates), Holder of official assignments free of charge, Tutors and Tutors of didactic exercises.

### External users

External research fellows, External fellows, Visiting scientists (visiting researcher - visiting professor), External PhD students, Outsourced service staff, Guest students from other Universities, Post-graduate trainees, Volunteers.

2) Specify the activity you intend to perform in the DSV if not listed.

3) Indicate the start and end dates of the employment relationship indicated in your contract or those relating to the PhD cycle; in the absence of a contract, the duration of the authorization is a maximum of 12 (twelve) months.

4) Internal staff must only indicate the institutional email address (domain **units.it**)

5) Internal staff of the University of Trieste, not belonging to the DSV, must indicate the Department or entity they belong to. Staff from outside the University must indicate the Institution or Company of origin and their role.

6) Please, tick the appropriate boxes.

7) All users who carry out activities outside the University facilities must fill in this box and have the internal DSV supervisor sign it.

The doctoral students of inter-university doctoral programs who refer to a professor external to the DSV, have as their internal supervisor the coordinator or vice-coordinator of the doctoral course of the University of Trieste.

The Director of the DSV is the supervisor for personnel who do not carry out activities under the guidance of teaching staff.

8) Indicate the exact structure, building and / or laboratory in which the activities will be carried out, even if outside the Trieste university, and any external contact person of the laboratory.

9) The signature of the Director will be done by the Secretariat.

This form must be uploaded digitally during registration to the PICK DSV, together with the front/back copy of the identity document and the certificates of the safety courses.

For further information write to **registrazione.dsv@units.it**