

# Dipartimento di Scienze della Vita

## **DSV ATTENDANCE AUTHORIZATION – DATA VARIATION**

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

I, the undersigned		
role <sup>(1)</sup>		
To be completed only by bachelor or master stude		
(a) Name of Degree Course		•
(b) Name of PhD Course		cycle
Department - University in which the Co	ourse of Study or PhD Course is h	neld:
	COMUNICATE	
a variation in data relative to his / her auth	orization to access DSV facilities	:
$\square$ (2,3) extension of attendance period from	n*	_ to*
for the following reasons:		
$\square$ (2,4) activities:		
☐ Laboratory research	☐ Field research	
☐ Manuscript preparation	☐ Other <sup>(5)</sup>	
□ <sup>(2,4)</sup> Laboratory name		in building
□ <sup>(2,3)</sup> Supervisor		
Personal data		
reisoliai uata		
Address *		
ZIP code / City *		
Telephone*e		
Provenance (Institution / Company) (7)		
Role (7)		

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



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## **CERTIFY**

- 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
- to have again fulfilled all bureaucratic obligations related to health surveillance in the event of an activity or laboratory change, as provided by the University or by the Institution to which one belongs.

Trieste,	The Applicant	
	(signature in full and legible)	
The Supervisor (8)*	Role	
	CERTIFY	
- To be aware of the potential health risks relaced occupancy density of spaces.	ated to the spread of COVID-19 related to the increase	in the
Trieste,	The Supervisor	
	(signature in full and legible)	
	The Director	(9),

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### **GUIDANCE NOTES FOR FILLING OUT THE FORM**

- \*) Fields with asterisk are mandatory
- 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) Please tick the appropriate boxes.
- Please note that, if you change your contact person in the Department or request an extension to your access authorization, you must present a new request for an ID card and Buildings Access badge.
- Please note that the user must fill again in the online Form for reporting planned activities available on the Prevention and Protection Service (PPS) website: https://www2.units.it/prevenzione/sorveglianzasanitaria/personale.php
- 5) Specify the activity you intend to perform in the DSV if not already listed.
- 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.
- In the case of staff from outside the University, indicate the Institution (Company) of origin and role there.
- 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.
- The signature of the Director will be done by the Secretariat.

#### N.B.

This form must be uploaded digitally to one's personal profile in PICK DSV before the expiry date of the attendance authorization, then informing by email registrazione.dsv@units.it, placing "DSV attendance authorization – data variation form – uploaded to PICK – User's Surname and Name" as subject.

Only if the attendance authorization has already expired, this digitized form must be sent to registrazione.dsv@units.it.

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