UNIVERSITÀ DI PADOVA
Dipartimento
di Psicologia dello Sviluppo
e della Socializzazione - DPSS

LABORATORIES ACCESS REQUEST FORM

Request

◯ First access ◯ Renew access ◯ Modify data ◯ Other

APPLICANT

Name:

Surname:

Tax ID code (codice fiscale):

University ID (matricola):

Telephone number:

E-mail address:

Role

☐ Graduand ☐ Scholarship ☐ PhD student ☐ Research fellow

☐ Specializing ☐ Permanent staff ☐ PTA ☐ Other

Role expiration:

Relating to (department, structure, course…):

Permanent staff tutor:

LABORATORY

Name:

Laboratory manager:

Scientific activity tutor of the applicant:

Activity start date: Expected end date:

I declare that I have completed the "High Risk" training, in compliance with the regulations on health and safety in the workplace, in relation to the provisions of Legislative Decree 9 April 2008 n.81, regarding information/training, and **I attach the certificate.**

In compliance with the provisions of Legislative Decree 196/03, the data provided on this form and the data relating to transit registration will be used by the University of Padua for accounting, administrative, and statistical purposes solely for the management of the university access control system, in accordance with the provisions of the Regulation "Access Control System to University Facilities." The data will be processed on paper and/or with the aid of electronic and automated means. Providing the data indicated on this form is necessary for issuing and updating access cards. The data controller is the University of Padua. The data will not be communicated or disclosed to third parties, except as required by law. The interested party may exercise their rights pursuant to Article 7 against the data controller at any time.

Date _____ Signature of the applicant _____

Signature of the permanent staff tutor _____

Signature of the laboratory manager _____