**PRIVACY INFORMATION (art. 13,d.lgs. 196/2003 and GDPR 2016/679)**

Dear user, the data collected will be treated for Specific Learning Disorders in your personal page of the Esse3 database.

The provision of data is optional, services cannot be guaranteed in case of their lack.

The treatment can be both electronically and on paper.

All data will be managed by the reception Service for Students with Disabilities and SLD of the University of Camerino; they could also be processed by administrative structures of the University for administrative / accounting purposes, but only in partial form and will not be communicated to other Bodies except in aggregate form.

By indicating his/her telephone number, the user accepts the possibility of being contacted by the University.

The data processing includes sensitive personal data about the state of health.

The data controller is the University of Camerino.

The data processor is the Manager of the Macro Sector in charge of the Student Services and International Mobility Area - Reception Service for Students with Disabilities and SLD of the University of Camerino.

As an interested party, you can ask the Manager to update, integrate, delete the data at any time by request.

The undersigned declares to have read the above notice and to give their consent to the processing of the data provided.

Date and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISABILITY:** **PERSONALIZED STATE VOCATIONAL EXAMINATION   
REQUEST FORM**

Send to [richieste.disabilidsa@unicam.it](mailto:richieste.disabilidsa@unicam.it) within the deadline of the announcement to access the service

**Structure of the form:**

1. Personal data
2. State vocational examination
3. Request of personalized vocational examination

***FILL IN THE ENTIRE FORM!***

1. **PERSONAL DATA**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Mobile phone |  |
| E-mail |  |
| Degree Course |  |
| In which University did you graduate? |  |

1. **STATE VOCATIONAL EXAMINATION**

|  |  |
| --- | --- |
| Which professional register are you taking the exam for? |  |
| Starting date of the State examination: |  |
| How is usually organized the exam? |  |

1. **PERSONALIZED STATE VOCATIONAL EXAMINATION REQUEST**

|  |  |
| --- | --- |
| Considering your disability and the examination, which difficulties can you have? |  |
| Which kind of examination do you want to request on the basis of the announcement? |  |