REQUEST FORM FOR STATE EXAMINATION FOR PROFESSIONAL QUALIFICATION FOR STUDENTS WITH DISABILITIES

Will be accepted requests addressed only to the email address: richieste.disabilidsa@unicam.it.

The module is organized in sectors progressively numbered. Each sector presents a number of questions with the sector number and a letter of the alphabet in progressive order (eg sector 1, questions 1a, 1b, 1c).

N.B: The request must be filed within the deadline established by the applicable law, as long as is impossible to access to the service. If you no longer have to undergo the exam or there is some variation in your request, please inform us as soon as possibile.

1. PERSONAL DATA:

1a. NAME:

1b. SURNAME:

1c. PHONE NUMBER:

1d. E-MAIL:

1. UNIVERSITY INFORMATION

2a. Which university course did you graduate in?

2b. In which UNICAM campus did you graduate?

1. DISABILITY INFORMATION

3a. Which kind of disability do have you? (specify):

1. INFORMATION RELATED TO STATE EXAMINATION FOR PROFESSIONAL QUALIFICATION

4a. For which professional register do you want to attend a state examination?

4b. Starting date of state examination:

REQUEST

5a. How does the exam usually take place?

□ Oral

□ Written: specify the type

* exercises to do
* open questions

how long is usually the exam:

* 2 hours
* 3 hours
* 4 hours
* other (specify):

□ Laboratory (specify):

5b. In consideration of your disability, what are the difficulties you might face for this exam?

5c. Which kind of personalised exam do you want to ask for

□ Oral

* room and designated position
* computer aids
* LIS interpreter
* other (specify):

□ Written

* room and designated position
* computer aids
* additional time
* use of non-scientific calculator
* reader aid
* computer exercises
* writer aid
* other (specify):

□ Laboratory

* support during activities (specify):

INFORMATION IN ACCORDANCE WITH ART. 13 D. lgs. 196/2003 (Personal Data Protection Code) and GDPR 2016/679

Dear Customer, we inform you that the data collected through this module will be processed in order to monitor the number and needs of disabled students, to orient the University's answers to them .

The processing will take place electronically or in paper form (registration, storage and archiving of documents. All collected data will be protected by passwords or confidential archives and will be handled exclusively by the technical staff of ASSINT - Disabled Student Reception Service). The provision of data is optional; Non-delivery may nevertheless result in the inability to benefit from any ad hoc benefits and facilities.

By indicating your phone number you accepted the possibility of being contacted by phone (for any request for clarification, to agree on the date of an in-depth interview, etc.).

The data is handled by the Disability Student Reception Service and by the administrative and departmental structures involved in delivering of the specific services and benefits for the accounting and administrative purposes that will emerge in the handling of the proceeding, the data will not be communicated to other entities outside the University if not in aggregate form.

The owner of the treatment is the University of Camerino. The Responsible for the treatment is the Head of the ASSINT – Disabled Student Reception Service of the University of Camerino.

We inform you as an interested subject that you will be able to request, by submitting an application to the Responsible, the updating, integration or rectification of data at any time, their transformation into anonymous form or deletion, and finally the blocking of data processed in violation of law.

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

* I accept (mandatory)
* I do not accept