TO THE RECTOR MAGNIFICO

UNIVERSITY OF STUDIES

GUGLIELMO MARCONI

**Application for Practical-Valuative Internship**

**valid for access to the Practical Assessment Test**

**for enrolment in Register A of Psychologists**

This form has fillable fields. All fields in red MUST be completed. When you have completed it, you must print it out, sign it, scan it in pdf format and send it to tirocini@unimarconi.it

I, the undersigned Name and Surname born in Place of birth on Date of birth Tax Code Please enter the 16 characters of Tax Code resident City POSTCODE Postal code Street Address n° Street No. Correspondence address Street-City-Cap tel. landline phone mobile mobile e-mail e-mail.

**DECLARE**

**that on the date of activation of the TPV**

[ ]  is enrolled in the year of the degree course Degree Course

[ ]  is a graduate of the degree course in Psychology

**ASKS**

to be able to attend **from** start date the Practical Assessment Apprenticeship for:

[ ]  ***10 CFU corresponding to* 250 hours (6 months)** [ ]  ***20 CFU corresponding* to 500 hours (1 year)**

[ ]  ***30 CFU corresponding to* 750 hours (1 year)** [ ] \_\_\_ ***CFUs corresponding* to** insert no. of hours **hours (**duration in months**)\***

 Carried out at:

[ ]  Single facility for the total number of hours required at the institution name of host institution

[ ]  Traineeships carried out in two facilities by dividing the hours equally between each location:

name of host institution for number of hours

name of host institution for number of hours

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainee signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The duration of the TPV is semester up to 19 CFUs or annual from 20 CFUs upwards.