Università Ca' Foscari Venezia
Dorsoduro 3246, 30123 Venezia
P.IVA 00816350276 - CF 80007720271
www.unive.it

Request for authorisation of Study Support Services

I, the undersigned _____,
student ID no. _____, born in (town or city) _____
(province/country) _____ on _____
and residing at (street and no.) _____
(postcode) _____ (town or city) _____
(province/country) _____, aware that anyone who makes false declarations is punishable under the Criminal Code and the special laws on the matter, request authorisation for Study Support Services as:

☐ **Working student** *engaged in non-occasional work, for a period of at least six months in the calendar year, in any documentable employment, self-employment or professional activity (public or private), full-time or part-time, with a minimum of 18 hours per week and with a contract in force at the time of the request*.

Type: ☐ **Salaried employment** ☐ **Coordinated and continuous collaboration** ☐ **Internship not undertaken for credit recognition** ☐ **Apprenticeship** ☐ **Professional traineeship** ☐ **Research fellowship** ☐ **Universal Civil Service** ☐ **On-call work**

Contract start and end dates: from _____ to _____ (☐ permanent).

Name/company name and full address of the employer/client: _____

_____

_____

Social security institution: _____

Social security registration number: _____

Weekly working hours: _____

Type: ☐ **Self-employment**

Start date: _____

Name/company name: _____

_____

Business address: _____

_____

VAT number: _____

Weekly working hours: _____

☐ **Student caregiver** *engaged on a non-occasional basis in the care and assistance of dependent relatives (parents and grandparents, sons/daughters and brothers/sisters up to 13 years of age, spouse or cohabiting partner). The condition of dependency must be documented and due to age or to physical or mental health reasons.*

☐ **Daughter/Son/Sister/Brother**

Name of the relative being cared for: _____

Age: _____

Degree of kinship: _____

☐ **Parent/Grandparent/Spouse/Cohabiting partner**

Name of the relative being cared for: _____

Degree of kinship: _____

Attach a medical certificate proving the need for continuous care due to dependency for reasons of age or physical or mental health.

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- ☐ **Student with health conditions** *that make in-person attendance of teaching activities inadvisable or impossible. The conditions must be documented and persist for at least 6 consecutive months.*
  Attach a medical certificate proving that you are unable to attend lectures or that attendance is inadvisable. The certificate must be issued by your general practitioner and must clearly state the period concerned.
  Special cases may be assessed individually.

- ☐ **Student athlete** engaged in high-level national or international sport or **student engaged in ongoing voluntary work** (minimum 18 hours per week for at least 6 months in the calendar year) carried out in recognised non-profit organisations.
  Attach a certificate issued by the sports club/federation/organisation confirming the activity.

- ☐ **Pregnant student** *from the seventh month onwards.*
  Attach a medical certificate.

- ☐ **Student enrolled in a programme that does not provide for part-time status** *(Digital Management, Linguistic and Cultural Mediation, Hospitality Innovation and e-Tourism, inter-university degree programmes not administratively based at Ca' Foscari).*

Place and date

_____

Signature of the declarant

_____