

RICHIESTA DI DICHIARAZIONE DI VALORE (DV)

*Application for a declaration of value (DV)*

Il sottoscritto ……………………………………………………………………………………………..

*I the undersigned Nome e Cognome (Name and Surname)*

nato a…………………………………………….. il…………………………….. (gg/mm/aaaa)

*place of birth (town or city) date of birth (dd/mm/yyyy)*

residente a…………………………………….. in Via/Piazza………………………………………………….

*residing in (town-city and Full Postcode) House/Flat no. and Street*

Tel………………………………………………….. e-mail ………………………………….……………………....

*Tel. no. email address*

cittadino italiano / straniero in possesso del documento di identità

*Italian national/foreign national holder of ID (please specify type: passport/ ID card/other)*

n°………………………………………………….. rilasciato da ………...……………………………………..

*no. Issued by (please specify Issuing authority)*

il……………………………………….. del quale allego fotocopia (solo le pagg. con i dati personali).

*Issue date of which I enclose a photocopy (only pages with personal details)*

**- avendo completato gli studi /** *having completed the following study cycles:*

* Secondari / *at secondary level* (GCSE / GCE / T Levels)
* Terziari / Universitari / *at tertiary/university level (Bachelor/Master/PGC/MPhil/PHD)*
* Studi di orientamento professionale / *professional studies (NVQ regulated by Ofqual)*

**- volendo ottenere in Italia** (contrassegnare opzione/i pertinente/i)

*wishing to obtain the following in Italy (please tick the applicable option/s)*

* L’equipollenza secondaria / *the equivalence of secondary qualifications*
* L’equipollenza di titoli terziari / universitari / *the recognition of tertiary/university diplomas*
* L’iscrizione all’Università / *enrolment to an Italian university*
* La concessione di una borsa di studio / *the award of a scholarship*
* Riconoscimento del titolo accademico straniero per l’ottenimento del permesso di lavoro in Italia da presentare presso lo Sportello Unico per l’Immigrazione / *Recognition of foreign academic degrees for work permit purposes to be filed with the Italian Labour Office (not for EU or Italian citizens)* <https://www.interno.gov.it/it/temi/immigrazione-e-asilo/modalita-dingresso/sportello-unico-limmigrazione>
* Riconoscimento dei titoli abilitanti all’esercizio della professione (regolamentata e non) / *Recognition of professional qualifications (regulated and non-regulated)*. *Italian and NON-EU citizens who have obtained their professional qualification in a NON-EU country and who wish to pursue their profession in Italy on a permanent basis (ie. Recognition of health professions qualifications).*

Rif: Community Directive 2005/36/EC implemented by legislative decree dated 9 November 2007, n.206 – d.lgs.206/2007*.*

* Altro (specificare) / *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**CHIEDE IL RILASCIO DI:**

***request the issue of*:**

Dichiarazione di valore per il/i seguente/i titolo/i di studio e/o professionali

*a declaration of value for the following qualification/s* (i.e. A LEVEL; BTEC; Bachelor; Master; PhD etc.):

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**NOTE AGGIUNTIVE A CARICO DEL RICHIEDENTE / ADDITIONAL INFORMATION FROM THE APPLICANT:**

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**DATA PROTECTION – THIRD PARTY CONSENT - Data Protection Notice: Verification of Qualifications**

*By signing this Form I hereby give my consent to the Consulate of Italy in Erbil and the School/University to access and disclose my school/academic records for the purpose of verification, preceding the attestation of the submitted certificates/diplomas/degrees.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Luogo/Place Data/Date (dd/mm/yyyy)* **Firma del Richiedente / *Signature of applicant***