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Richiesta ricevuta il/*Application received on*

 **OFFICE USE ONLY-SOSP\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

# RICHIESTA DI ATTESTAZIONE CONSOLARE

*Application for a consular certificate*

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

*I the undersigned*

Nato a………………………………….. il……………………………..(gg/mm/aaaa) *place of birth date of birth (dd/mm/yyyy)*  residente a…………………………… in Via/Piazza…………………………………………………. *residing in (town-city) House/Flat no. and street*

Tel…………………………..…………... e-mail ……………………………..…………………………… *Tel. no. email*  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*   |
| il………………………………………..  | del quale allego fotocopia  |
| *Issue date*  | *of which I enclose a photocopy*   |

* **Avendo prestato servizio presso le seguenti scuole site nella circoscrizione consolare di Londra:**

*having worked in the following schools located in the London consular district*

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

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* **Specificare quali** / *Please specify which ones*

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

**- ai fini dell’inserimento nelle graduatorie d’istituto della Provincia di:**

*wishing to be included in the substitute teachers’ lists in the Province of:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHIEDE IL RILASCIO DI:**

*request the issue of:*

 un Attestato consolare / *a consular certificate*

**Dichiara altresì di voler ricevere la suddetta dichiarazione a mezzo posta raccomandata con invio al seguente indirizzo:**

*I furthermore declare that I wish to receive the above declaration by registered post to the following address*:

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

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Città/*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* CAP/*Full Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_ P*aese /*Country*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dichiara infine di richiedere il suddetto attestato**

*Finally I declare that the above certificate is requested*

* per motivi di lavoro / *for employment purposes*

* altro (specificare) / *other (please specify)*

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**N.B.: La presente richiesta è valida solo se accompagnata dalla fotocopia del documento d’identità in corso di validità che è indicato nella richiesta stessa.**

*Please note: This request is valid only if it is accompanied by the photocopy of a valid ID document as indicated in the request.*