



GASLINI INTERNATIONAL PEDIATRIC FELLOWSHIP PROGRAM APPLICATION FORM

IRCCS Istituto Giannina Gaslini
Centro Formazione
Fellowship Program
E-mail: observership@gaslini.org

Name _____

Surname _____

Male ☐ Female ☐

Born in _____ on _____

Nationality _____

Resident in (city) _____ State _____

Address _____

Telephone/mobile _____ e-mail _____

Current place of work _____

Preferred Program 6 months ☐ 1 year ☐ 18 months ☐ 2 years ☐

Preferred Speciality _____

Preferred start Date _____

Aware of the criminal penalties in case of untruthful declarations as per article 76 DPR 445/2000, I declare that:

1. I am aware that the Fellowship does not give rise to an employment relationship and does not give the right to any compensation - no cost will be covered by Gaslini Institute.

2. I am aware that the fellowship authorization will be issued only upon submission of:

- a) Application form
- b) Copy of Passport or Identity Document
- c) Medical Degree or University Attendance Certificate
- d) CV
- e) Clear Criminal Record
- f) Insurance Policy – Insurance coverage for professional risks and third party liability and accidents related to the hospital activity with a maximum of at least 200,000 euro
- g) Complete vaccination passport- including immunization to Measels, Mumps, Rubella and Varicella (if not vaccinated, please submit recent antibody titers).

TB 2 Step Written Documentation: Two TB Skin tests within one year including one within last 90 days; or two consecutive annual test over two years including one within last 90 days; or Negative IGRA test such as T-Spot or Quantiferon Gold within last 90 days and must submit a recent TB test -skin test or



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Quantiferon.

If history of positive TB test, provide documentation of positive test plus negative chest x-rays plus any useful documentation.

and that access to Gaslini Institute will be allowed upon issue of the competent medical clearance

3. I have read the Guide for correct behaviour in hospital
4. I am ready to follow all the protocols and the measures required by the current legislation for the containment of the spreading of any infection in the working areas of the G. Gaslini Institute.

I declare that I am aware that, pursuant to the European regulation GDPR 2016/679 art 13, my personal sensitive data will be processed by G. Gaslini Institute only for institutional purposes related to the fellowship attendance and that the same will not be disclosed or communicated, except for the cases of law or legitimacy requested by the Authorities.

Date_____

Applicant's signature_____

I hereby attach the following documents (please list):

Date_____

Applicant's signature_____