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| **Assessorato del Lavoro Formazione Professionale Cooperazione e Sicurezza Sociale****Assessoradu de su Traballu, Formatzione Professionale, Cooperatzione e Seguràntzia Sotziale****Servizio Attività Territoriali**  |

**Al Servizio Attività Territoriali di Cagliari**

**Via Caravaggio s.n.**

**09121 Cagliari**

 lav.coord.lavoro.formazione@pec.regione.sardegna.it

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| **Manifestazione di interesse alla partecipazione al corso di specializzazione per l’abilitazione all’esercizio autonomo dell’attività di ESTETISTA** |

Sede di[[1]](#footnote-1) 🞏 Cagliari 🞏 San Gavino 🞏 Oristano

 🞏 Carbonia 🞏 Nuoro 🞏 Tonara

 🞏 Lanusei 🞏 Olbia 🞏 Sassari

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| **Dichiarazione resa ai sensi degli artt. 46 e 47 del D.P.R. n. 445/2000** |

Consapevole delle sanzioni penali nel caso di dichiarazioni mendaci di cui all’art. 76 del D.P.R. n. 445/2000, il sottoscritto

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| **Cognome** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Nome** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Nato/a a** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **il** |  |  |  |  |  |  |
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| **Codice Fiscale** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **L=Lettera N= Numero** | L | L | L | L | L | L | N | N | L | N | N | L | N | N | N | L |

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| **Comune di Residenza** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Prov**. |  |  |

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| **Via, Piazza e numero** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **C** | **A** | **P** |  |  |  |  |  |

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| **Telefono** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cellulare** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Indirizzo di posta elettronica**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Indirizzo di posta elettronica certificata (PEC)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DOMICILIO ( da compilare se diverso da quello di residenza)**

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| **Via, Piazza e numero** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **C** | **A** | **P** |  |  |  |  |  |

**Dichiara**

**di trovarsi in una delle seguenti condizioni professionali:**

* possesso di attestazione/certificazione di qualifica conseguita a conclusione di un rapporto di apprendistato e un anno di attività lavorativa qualificata in qualità di dipendente a tempo pieno presso un Centro estetico o equivalente (Legge 1 del 4 Gennaio 1990 –art. 3 punto b);
* possesso di attestazione/certificazione di un periodo, non inferiore a tre anni, di attività lavorativa qualificata, a tempo pieno, in qualità di dipendente o collaboratore familiare, presso una impresa di estetista. Il periodo di attività deve essere svolto nel corso del quinquennio antecedente l'iscrizione al corso (Legge 1 del 4 Gennaio 1990 –art. 3 punto c).

**Il sottoscritto dichiara inoltre di aver assolto l’obbligo scolastico.**

**DATA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (per esteso)

Informativa ai sensi D.Lgs. 196/2003 (T.U. sulla Privacy): i dati sopra riportati sono prescritti dalla disposizioni vigenti ai fini del procedimento per il quale sono richiesti e verranno utilizzati esclusivamente a tale scopo.

**DATA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (per esteso)

**Allegare alla presente una fotocopia di un documento di identità in corso di validità.**

1. Indicare la sede preferenziale [↑](#footnote-ref-1)