

Accademia di Mimodramma

APPLICATION FORM

To the Administration Office of the Accademia di Mimodramma: Theatre of the Absurd Masterclass

I, the undersigned, (full name) ______

HEREBY REQUEST

To be offered a place on the THEATRE OF THE ABSURD MASTERCLASS 2023

To this end, fully aware that, pursuant to Arts 75 and 76 of Italian Presidential Decree no. 445/2000, any misrepresentation is punishable under the Criminal Code and relevant special laws and may result in forfeiture of all benefits gained therefrom, I declare that the personal details supplied on this application form are true and complete.

ITALIAN TAX CODE (compulsory)

PERSONAL DETAILS	LAST NAME
	FIRST NAME
	SEX DATE OF BIRTH (dd/mm/yyyy)/ PLACE OF BIRTHPROVINCE COUNTRYNATIONALITY
PERMANENT ADDRESS	STREET VILLAGE/TOWN/CITYPOSTCODE TEL (incl. country code) MOBILE

DECLARE

ICRA PROJECT Tel.o81 5782213 • Posta elettronica: formazione@icraproject.it • posta certificata: icraproject@arubapec.it • Sito Web: www.icraproject.it

a) to have earned the following SCHOOL LEAVING CERTIFICATE (e.g. high school diploma):
in (if applicable)
at (name and place of the school)
on (dd/mm/yyyy)//
b) to have earned a UNIVERSITY DEGREE (title) in
at (name of the university)
on (dd/mm/yyyy)//
or that I am enrolled in a DEGREE PROGRAMME (title) in
at (name of the university)

REMEMBER

- if you are a non-EU citizen residing abroad, you must send a copy of your visa valid for the duration of the course to formazione@icraproject.it.

For information on visas please visit the <u>dedicated website</u>

- It is essential that you complete the application form as fully and accurately as possible: name, surname, date and place of birth and Italian tax code. Check your e-mails regularly, especially after the application deadline.

Date_____

Signature of student

Our privacy policy is available at this dedicated web page