

POLIMODA

SELF-CERTIFICATION OF ENGLISH LANGUAGE (PROFICIENCY LEVEL B2) APPLICATION FORM POLIMODA

A.A. 2023/2024

The Undersigned

Born in _____ date of

birth ____/____/____

(dd / mm / yyyy)

City of residence _____ Country

Address _____

DECLARES

(Art. 46 D.P.R. 28.12.2000, n. 445, Italy)

1. to have a proficiency in ENGLISH LANGUAGE corresponding to Level B2 according to the

summary of the "Common European Framework of Reference for Languages" approved

by the Council of Europe;

2. to be aware that the level of the English proficiency will be tested during the interview -

as stated in the Call for application - and that, in case of false declaration, the candidate could be excluded from the selection.

I have read the Informative note and I authorize the treatment of my personal data (Law 196/03, Italy).

Place, date _____ Applicant's Signature

Legal Guardian's Signature _____

(compulsory for all applicants under the age of 18 at the time of application)

Please attach a copy of your Legal Guardian's identity document

Polimoda

Via Curtatone, 1 – 50123 Firenze, Italy

Tel. +39 055 275061 Fax +39 055 2750720

VAT 03758580488 Fiscal Code 94015750485

www.polimoda.com

