Attachment 1

(to be written on headed paper of the University/Institute/Institution to which they belong or section/INFN laboratory)

REQUEST for ACCESS AUTHORIZATION to LNS

To the Director of
INFN - LNS
prot@lns.infn.it

The undersigned employer:
surname _____name_____
as _____ of the INFN University/Institute/Body or section/laboratory
_____
requests access to LNS from _____ to _____ for the worker:
surname _____ name_____ qualification _____
at the University/Institute or INFN section/laboratory
place and date of birth _____ Tax ID code/C.F. _____
nationality _____ mobile _____ E-mail _____

at your site: LNS-CT. testSite PORTO-CT testSite PORTOPALO of CP-SR

The worker is covered by INAIL insurance, pursuant to D.P.R. 30/06/65 n.1124 and subsequent amendments "consolidated text of the provisions for compulsory insurance against accidents at work and occupational diseases" and that the same is also valid for the activities carried out at the LNS. **(or indicate other insurance)**.
Any changes that should occur within the period required for access will be promptly communicated.
The undersigned declares to have read the information on the processing of personal data for access to the INFN Southern National Laboratories, published on the LNS web page at the link

https://www.lns.infn.it/it/modulistica/send/63-modulistica-accessi/1216-informativa-privacy-per-accessi.html

Date _____

Signature of the Employer

_____