

Personal details

Surname _____ First Name _____ Mr _____ Ms _____
 Address _____ e-mail _____
 Tel. _____ Cell. _____ Emergency contact phone _____
 Nationality _____ Passport No. _____
 Date and place of birth _____ Profession _____
 Languages known _____
 Knowledge of Italian none a little average good very good

Course details

I would like to enrol for the following course(s):

_____ from _____ to _____ No. of weeks _____
 _____ from _____ to _____ No. of weeks _____

Accommodation

| | | |
|--------------------------------|--------------------------|------------------------|
| Room in a flat | Standard | Independent flat |
| Room with a family | Standard Plus | Hotel (with breakfast) |
| Single room | Breakfast (with family) | Bed & Breakfast |
| Double room (only two friends) | Half board (with family) | Single room |
| | | Double room |

Do you suffer from any allergies? _____

Transfer Arrivals details if already known _____

I have sent _____ euros as deposit , as full amount

I have read the General Conditions and I accept them.

Date _____ Signature (of parents for minors) _____

Information on the basis of articles 13-14 of the EU General Data Protection Regulation of 2016/679

Dear Madam/Sir,
 in line with article 13 of the European Union Regulation 2016/679 and with regard to the information we receive, with a view to protecting persons and other subjects concerning the use of personal information, we inform you of the following:

1. Use of information about you

Any information collected about you will be treated as confidential and will only be used for considering any applications you make to us, the selection of your language level and the administration of your course and accommodation.

Information about allergies is necessary to be able to offer you the best service for your state of health.

2. How information about you is kept

Personal data about you will be kept in digital and/or paper form.

3. Confirmation of acceptance

Your confirmation requested at point 1 is compulsory in order to proceed with enrolment and provision of services. Without it we cannot proceed.

In the case of refusal to give information about allergies, the school declines any relevant responsibility.

4. Sharing of data

Data supplied may be shared with subjects working with the school on organising social activities and connected services.

The data will not be sent to countries outside the European Union.

5. The subject in charge of data management

The subject in charge is: Società Cooperativa DIL.IT r.l., Via Marghera, 22 – 00185 ROMA. Partita Iva: 01094361001, Codice Fiscale: 02645750585

6. Your rights

At any time, you can exercise, on the basis of articles 15-22 of European Union Regulation 2016/679, your right to:

- a) get confirmation of the existence or otherwise of your personal data;
- b) get information about why the data is being kept, what sort of personal data it is, what category of subject it has been sent to or will be sent to and, where possible, how long it will be kept for;
- c) have the data corrected and/or cancelled;
- d) limit the use of the data;
- e) data portability, in other words, receive the data from the subject in charge of data management, in a structured form in common use and readable by an automatic device, and send it to another subject in charge of data management without hindrance;
- f) stop the use of your data at any moment and especially in the case of direct marketing uses;
- g) stop automatic decision processes concerning people, including profiling;
- h) revoke at any moment any consent given previously without prejudicing the legitimacy of data use based on such consent;
- i) file a complaint with the relevant authorities.

You can exercise these rights by applying to: **“Società Cooperativa DIL.IT r.l.” at their legal address: Via Marghera, 22 – 00185 ROMA or by email at info@dilit.it**
 I the undersigned declare I have received the above information.

Place and date

• I the undersigned _____, in the light of the information received concerning the use of my personal information (not consenting means the operation requested will be interrupted)

consent do not consent Signature _____

• I the undersigned _____, in the light of the information received concerning the use of information about my health, in particular about any allergies I may have

consent do not consent Signature _____