

**Scheda iscrizione corso:**

**AFFIDAMENTO FAMILIARE: PERCORSI DI INNOVAZIONI POSSIBILI**

Il sottoscritto/a:

Data nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_luogo nascita\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_provincia\_\_\_\_\_\_\_

Qualifica\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disciplina \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PER I MEDICI E’ NECESSARIO INDICARE LA DISCIPLINA)**

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| codice fiscale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| telefono  |  |
| cellulare |  |
| e-mail |  |

Sede lavorativa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_