cid:image001.png@01CF4397.92E9C3F0

**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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| codice fiscale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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