



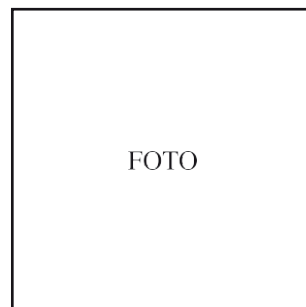
School of High Level Tailoring – 9th Course
2022-2023 / 2023-2024 / 2024-2025

Admission Request

The undersigned

Surname _____ Name _____

Asks to participate in the selections for participation in the 9th Course for the School of High Level Tailoring organized by Ciro Paone SpA, aware of the fact that possible acceptance to the Course and participation do not represent in any way the right to employment with the company organizing the course.



For this reason, the following **personal details** are provided:

Born in _____ province (____) on _____ domiciled in _____

In street _____ n° _____

Telephone _____ mobile _____

E-mail address _____

Family composition:

Father's name _____ profession _____

Mother's surname and name _____ profession _____

Name and activities of any brothers and sisters _____

Academic position:

Lower Secondary school certificate acquired in _____

Upper Secondary school certificate acquired in _____

Achieved in _____

Not achieved, last year of attendance _____

Reason for leaving _____

Computer and language knowledge: use of software for PC writing;

regular use of a PC for videogames; I surf on the internet; I have never used a PC

Foreign language: _____ Good Discreet

Little Not at all

Other information: (space available for the candidate to describe his hobbies, interests, social commitments and any other information that may provide us with a clearer picture) _____

Your relations with the tailoring work:

Is there a tradition in your family in tailoring work: Yes No

If yes, which member of the family has this tradition? _____

Have you collaborated with him? Yes No

If yes, please describe how: _____

Please try to describe your level of familiarity with tailoring skills or with basic knowledge:

Please explain why you have decided to present an application to participate in this Course:

Do you have relations in the Company? Yes No

If yes, indicate the name _____

I declare that the details provided in this form correspond to reality.

Date _____

Signature _____

I authorize, in accordance and by the effects of the European Parliament and Council of 27 April 2016 ("GDPR") **Ciro Paone SpA** to use my personal details and in particular to insert and archive all details contained in this form in their archives.

Date _____

Signature _____

Space reserved to the Examining Commission _____
