**(TO BE PRINTED ON THE EMPLOYER'S LETTERHEAD PAPER)**

To the Director of

TIFPA - INFN Headquarter in Trento

c / o Department of Physics - UNITN

Via Sommarive, 14

38123 Povo - Trento

Please authorize Mrs. / Mrs.

Surname and name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M F born on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_

current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

attending the RESEARCH AREA of the Trento Proton Therapy Center

from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

in the framework of the experiment authorized on date ........................................... and entitled

"...........................................".

With regard to the risks from ionizing radiation, the applicant is classified as follows:

Exposed / Not exposed

Only for applicants supposed to be exposed to the risk of ionizing radiation the following is attached:

- valid copy of a medical certificate of suitability for the exposure to radiation

The applicant’s employer

DECLARES THAT

THE APPLICANT

- is covered by the risk of accidents through a proper and valid insurance against accidents at work and professional diseases;

- is informed about the employer obligations according to the Italian legislation about safety at work;

- has read the information contained in the document: "Information for the employers of an external worker: access to the research room of the Center for Proton therapy of Trento ";

- has received all necessary information and training on general risks and will be equipped with all the Protective Devices required for the activity to be performed;

- (in case of exposure to risk from ionizing radiation) has been trained in the field of radiation protection, as required by the Italian legislation in force;

- during his/her stay at the Proton Therapy Center in Trento will comply with the general Rules of Conduct and in particular with the Radiation Protection Rules of the Center.

The visitor, if supposed to be exposed to radiation, will be equipped with personal dosimeters.

**Please send any communication related to registered doses to:**

(mail):

In case of need and for further information, please contact:

Mr./ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date: \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ / \_\_\_ / \_\_\_\_

STAMP AND SIGNATURE OF THE EMPLOYER