



ITALIAN NAVY

STUDENT JOINING REPORT



photo

(ICAO format)

Applicant Data

Family name:	
First name:	
Middle name:	

Gender:	<table><tr><td>FEMALE</td><td>MALE</td></tr><tr><td>☐</td><td>☐</td></tr></table>	FEMALE	MALE	☐	☐
FEMALE	MALE				
☐	☐				

Rank:		Date of Rank:	
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Date and place of birth:	
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Nationality:	
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Home address:			
City:		State:	

Civil status:		Religion:	
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Passaport nr:		Place of issue:	
Date of issue:		Expiration date:	

Education:	
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Email address:		Emergency contact (Name/phone nr.):	
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Home phone:		Mobile phone:	
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Language spoken (*):	<table><tr><td>Fluent</td><td>Good</td><td>Intermediate</td><td>Beginner</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr></table>	Fluent	Good	Intermediate	Beginner	☐	☐	☐	☐	Level (if certificated):	L _ S _ R _ W _ (iaw STANAG 600, Ed. 4) Certification date:
Fluent	Good	Intermediate	Beginner								
☐	☐	☐	☐								
Italian language knowledge (*):	<table><tr><td>Fluent</td><td>Good</td><td>Intermediate</td><td>Beginner</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr></table>	Fluent	Good	Intermediate	Beginner	☐	☐	☐	☐	Level (if certificated):	L _ S _ R _ W _ (iaw STANAG 600, Ed. 4) Certification date:
Fluent	Good	Intermediate	Beginner								
☐	☐	☐	☐								

(*): Fluent equivalent to C1-C2, Good equivalent to B2, Intermediate equivalent to B1, Beginner equivalent to A1-A2 (ref. CEFR – Common European Framework of reference for languages – see: <https://www.coe.int/en/web/common-european-framework-reference-languages/table-2-cefr-3.3-common-reference-levels-self-assessment-grid>)

Course pre-requisites: (iaw Catalogue of the Main Courses open to foreign Military Personnel – link _____)	YES ☐	NO ☐
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Security Clearance (if required): (iaw Catalogue of the Main Courses open to foreign Military Personnel).	YES ☐	NO ☐
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Medical

Good military physical standing IAW national rules:	YES ☐	NO ☐
If NO, explain the reason(s):		
Medical examinations/dates executed and passed (own Nation military doctor signature at the end of the report)	- Electrocardiogram by stress, date: _____ - HIV, date: _____ - HBsAg (hepatitis B) and HCV quality (hepatitis C), date: _____ - Tuberculosis, date: _____	
Vaccinations (included expiration dates)		

Dietary restriction:	
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Further significant health informations (optional) :	
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Travel to Italy

Airport/Place of departure :		Place/Date/time of arrival and flight number:	
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Attached:

- Student photo file (jpeg – ICAO format, no more than 6 months old, color and high quality)
- Passport scan (file PDF, high quality)
- VISA for study purpose (type D)
- Declaration specified in contractual letter signed by own national authority.

Date

Student signature

Doctor (medical certifications)

Command signature

Note: Form to fill out using a PC and to complete with embossing stamp, student signature and Command signature. After that, a digitalized copy must be sent by e-mail to the point of contact of the School responsible for the specific course (in accordance with School Joining Instructions).