** Autodichiarazione di competenza linguistica**

Il/La sottoscritt\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sesso M/F |\_\_\_|

nat\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

residente in (via/piazza/ecc..)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n.\_\_\_\_\_\_\_

C.A.P. |\_\_|\_\_|\_\_|\_\_|\_\_| Comune \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. |\_\_|\_\_|

tel. \_\_\_\_\_/\_\_\_\_\_\_\_\_\_fax\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

rende la seguente dichiarazione:

**DECLARATION**

I declare on my own responsibility that I have the following language skills and competences as stated by *Europass - European language levels - Self Assessment Grid* (https://europass.cedefop.europa.eu/it/resources/european-language-levels-cefr)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **understanding** | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **speaking** | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **writing** | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |
| Language: |  |  |  |  |  |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_