

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:						

speaking	A1	A2	B1	B2	C1	C2
Language:						
Language:						
Language:						
Language:						
Language:						
Language:						
Language:						

writing	A1	A2	B1	B2	C1	C2
Language:						
Language:						
Language:						
Language:						
Language:						
Language:						
Language:						

Date _____

Signature _____