



**Allegato 1 – A.Y. 2026/27**

# **APPLIED CHILD AND ADOLESCENT PSYCHOLOGY**

## ***Evaluation Form***

*This form includes dynamic fields; please fill out them directly on your computer.  
**FORMS FILLED OUT BY HANDWRITING WILL BE NOT EVALUATED***

### **SECTION A: PERSONAL INFORMATION**

Last/family name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Birth date (DD/MM/YYYY): \_\_\_\_\_  
Birth place: \_\_\_\_\_  
Country of citizenship: \_\_\_\_\_  
Country of residence: \_\_\_\_\_

### **SECTION B: ACADEMIC DEGREES**

*First, enter details of your Bachelor's degree in Psychology. If you have more than one Bachelor's degree, you can add others in the field OTHER DEGREES below.*

University: \_\_\_\_\_  
Bachelor's degree in: \_\_\_\_\_  
From (YY, MM): \_\_\_\_\_  
To (YY, MM) or expected to (YY, MM): \_\_\_\_\_  
Language of instruction: \_\_\_\_\_  
Standard duration of the programme (in years): \_\_\_\_\_

Total amount of credits envisaged by the degree: \_\_\_\_\_  
Title of thesis (if available): \_\_\_\_\_

### **ANY OTHER ACADEMIC TITLE (up to 2):**

Type of degree: \_\_\_\_\_  
University: \_\_\_\_\_  
Degree in: \_\_\_\_\_  
Language of Instruction: \_\_\_\_\_  
Degree already obtained: ☐ YES ☐ NO  
Standard duration of the programme (in years): \_\_\_\_\_  
Total amount of credits envisaged by the degree: \_\_\_\_\_  
Title of the thesis (if available): \_\_\_\_\_

Type of degree: \_\_\_\_\_  
University: \_\_\_\_\_  
Degree in: \_\_\_\_\_  
Language of Instruction: \_\_\_\_\_  
Degree already obtained: ☐ YES ☐ NO  
Standard duration of the programme (in years): \_\_\_\_\_

Total amount of credits envisaged by the degree: \_\_\_\_\_  
Title of the thesis (if available): \_\_\_\_\_

## SECTION C: INTERNSHIPS

*Please list relevant internships (if any). Add separate entries (up to 4) for each activity, starting from the most recent. The Academic Commission will consider only internship or volunteering experiences in the field of psychology (no work experiences).*

### Internship 1

Was it part of your degree programme: ☐ YES ☐ NO  
Type of internship: \_\_\_\_\_  
Name and number of credits in case it is listed in the transcript of records: \_\_\_\_\_  
Hosting institution (school, hospital, organization...): \_\_\_\_\_  
Where did you do your internship? \_\_\_\_ Country of residence \_\_\_\_ Country of Study \_\_\_\_ Other  
Period: from (YY, MM) \_\_\_\_\_ to (YY, MM) \_\_\_\_\_ for a total of \_\_\_\_\_ hours  
Name, role and contact (e-mail preferably) of the supervisor: \_\_\_\_\_  
Brief description of the activities: \_\_\_\_\_

### Internship 2

Was it part of your degree programme: ☐ YES ☐ NO  
Type of internship: \_\_\_\_\_  
Name and number of credits in case it is listed in the transcript of records: \_\_\_\_\_  
Hosting institution (school, hospital, organization...): \_\_\_\_\_  
Where did you do your internship? \_\_\_\_ Country of residence \_\_\_\_ Country of Study \_\_\_\_ Other  
Period: from (YY, MM) \_\_\_\_\_ to (YY, MM) \_\_\_\_\_ for a total of \_\_\_\_\_ hours  
Name, role and contact (e-mail preferably) of the supervisor: \_\_\_\_\_  
Brief description of the activities: \_\_\_\_\_

### Internship 3

Was it part of your degree programme: ☐ YES ☐ NO  
Type of internship: \_\_\_\_\_  
Name and number of credits in case it is listed in the transcript of records: \_\_\_\_\_  
Hosting institution (school, hospital, organization...): \_\_\_\_\_  
Where did you do your internship? \_\_\_\_ Country of residence \_\_\_\_ Country of Study \_\_\_\_ Other  
Period: from (YY, MM) \_\_\_\_\_ to (YY, MM) \_\_\_\_\_ for a total of \_\_\_\_\_ hours  
Name, role and contact (e-mail preferably) of the supervisor: \_\_\_\_\_  
Brief description of the activities: \_\_\_\_\_

**Internship 4**

Was it part of your degree programme:                      ☐ YES      ☐ NO

Type of internship: \_\_\_\_\_

Name and number of credits in case it is listed in the transcript of records: \_\_\_\_\_

Hosting institution (school, hospital, organization...): \_\_\_\_\_

Where did you do your internship? \_\_\_\_ Country of residence \_\_\_\_ Country of Study \_\_\_\_ Other

Period: from (YY, MM) \_\_\_\_\_ to (YY, MM) \_\_\_\_\_ for a total of \_\_\_\_\_ hours

Name, role and contact (e-mail preferably) of the supervisor: \_\_\_\_\_

Brief description of the activities: \_\_\_\_\_

**TERMS & CONDITIONS AGREEMENT AND SIGNATURE**

The candidate, aware of the legal consequences of making untruthful declarations or producing or using false deeds under Art. 76 of the Italian Presidential Decree no. 445 dated 28/12/2000, and the additional sanctions under art. 75 and 76 of the above mentioned Presidential Decree no. 445 dated 28/12/2000, consisting of forfeiture of any benefits resulting from provisions based on untruthful declarations,

HEREBY DECLARES THAT

- He/she knows and accepts all the rules stated in the Call for admission
- The above-reported information is true
- He/she complies with all the requirements of the Call for admission
- He/she has been informed, pursuant to and in accordance with the European Union Regulation no.2016/679 and Legislative Decree no. 101/2018, that personal information will be used, also through computer processing, exclusively for the purposes of the procedure for which this declaration is presented.

Signature

and Date

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*Please sign and upload the completed form as a pdf file.*

**FORM IN A FORMAT DIFFERENT FROM PDF (E.G., WORD) OR NOT SIGNED  
WILL BE NOT EVALUATED.**