



TRAINING PROJECT

Trainee name: _____
Born in _____ (place of birth) on _____ (dd/mm/yyyy)
Current address: Street _____ City _____ Zip code _____
phone _____ mobile _____ E-mail _____
Tax code: _____
Student number _____
<input type="checkbox"/> Curricular <input type="checkbox"/> Non -Curricular
Current status (please, tick the appropriate box)
<input type="checkbox"/> Student ¹ _____ academic year _____
degree course _____ department of enrolment _____
<input type="checkbox"/> First level graduate ² <input type="checkbox"/> masters degree course graduate <input type="checkbox"/> Single-cycle graduate
Title of degree course _____
date of graduation _____
please, tick here if physically disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Hosting Company: _____
Registered offices address: _____
Location where the training takes place (if different) _____
access times to the Company premises: from _____ to _____
days per week _____ Period of training: number of months _____ from _____ to _____
ECTS credits awarded _____
Educational goals and brief description of the internship:

¹ academic level you are currently enrolled in

² the education qualification must have been achieved not over 12 months (art. 11 del D.L 138 del 13/08/2011)



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Facilities provided:

University Tutor: _____

Phone number: _____ Email: _____

Company Tutor: _____

Phone number: _____ Email: _____

Insurance Policy

- Work accidents – (INAIL position number: 3173)
- Civil Liability Cover: - Compagnia Fondiaria SAI Spa – M04022082/12

Obligations for the trainees

- Follow both the company and academic Tutor's instructions;
- Do not divulge any data relating to the company and/or its business of which trainees will become aware both during and after the internship;
- Obey the company regulations and observe all the hygiene, health and safety regulations in the workplace.

Place and date _____

Trainee (viewed and signed) _____

Place and date _____

The University (stamp and signature of its legal representative)ⁱ:

Place and date _____

The hosting institution (stamp and signature of its legal representative e)ⁱⁱ _____

ⁱ Signature of the Head of Department, or Course leader or Internship coordinator.

ⁱⁱ Signature of its legal representative.