#### Logo Università di Verona

**TRAINING AND GUIDANCE PROJECT -** *Please, hand in the document at least 7 days ahead the beginning of the internship. Before acceptance it is necessary to regularly stipulate the convention of training.*

(Ref. Convention n. ……….……..…..… drawn up on…………………….…….…….……..)

## **Name and surname of the trainee** ……………………….……………………………..………….…………………

Place of birth ……………………………………………… Date of birth ……………………………..……………….

Fiscale Code ………..…..……….……………………………

Address: *(Please, indicate complete address)* Street ……………………………..…….…………… n. …

City …………………………………………………….…………….. (Prov. ……..) zip code. ……………………

Telephone …………………………………..… Mobile phone ………..…………………………………………..

e-mail *(university account only)* ..……………..………………….……………..…………………@studenti.univr.it

**Current position** (*Please, provide all the requested information*):

student - ID number ………………………………… - academic year of enrolment .…………….…….…..…..……………

Degree course / Specialized degree course ………………………………………………..…… ……………….

Post-degree course ………………………….………………………end of the course …………….............…..….

(cross in case of disabilities )

**Host company**: ………………………………………....……………………..…….……………..…………………

Economic field of activity ……………………………………………..…………………….…………………..……

Premises of the internship *(Please, indicate complete address)* …………………………………………..…….

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Further company branch that will host the internship *(Please, indicate complete address)*

…………..………………………………………………………………………….……..………………………………

N. of permanent employees: ……………..; n. of internships : …..………..

**Times of presence in the premises** *(the insurance cover will apply exclusively for the agreed period and presence):*

n. …………….... days per week (*Maximum number of days per week*)

n. ……………… daily hours (*Maximum number of daily hours*)

morning: from …………………..….…. to ………………..…. afternoon: from ………….….…. to ..………….…...….

**Period of the internship:** from ……………………….……....… to ………………………………………….

Eventual suspension (maximum 1 month) from ………….…….… to ..………………….………….…….…

*Any change of the internship (presence and period) must be promptly communicated to the University of Verona (Ufficio Stage e Tirocini). The forms are available online.*

**University tutor** (block letters) ………………………….………………….…………………………….……….…

**Company tutor** (block letters) …………………………..…………………………………………………………….

**e-mail company tutor** ………………………………………………………………..……………………………….

**Goals and objectives of the internship** (Company area/department, intern’s activities, main training purposes)

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**Allowed facilities** (lunch tickets, benefits, etc. )……..……………………….………………………………..……………………………………………………………

**Insurance policies on behalf of the University of Verona**:

* Accidents at work: INAIL University Insurance

1. Civil liability position n. ITCASC21677 Chubb European Group SE
2. Accidents Insurance position n. 40498200 AXA

**Obligations of the trainee:**

1. follow the indications of the tutors and refer to them for any sort of organization needed and for any other problems;
2. respect the obligations of confidentiality about the production processes and other news concerning the company that the trainee might become acquainted with during and after the internship;
3. Follow the company regulations as well as hygiene and security regulations.

## Verona, ………………………….……..

Acceptance signature of the trainee ………….………..….……………..………..…………..…..

Acceptance signature for the organizing partner University tutor ..………………..…..………………….

Acceptance signature and stamp for the company Company tutor ………………………….…………………….