



TOR VERGATA

UNIVERSITÀ DEGLI STUDI DI ROMA

MACROAREA DI INGEGNERIA

TRAINING AND ORIENTATION PROGRAMME
(according to Art.4, § 2 of the Ministerial Decree No. 142 of 25 march 1998)
(Agreement signed on ___ / ___ / _____ n. _____)

Name of trainee:

Date and place of birth:

Address:

Fiscal code No.:

Phone: _____ email: _____

Does the student have disabilities?

University status (mark with an "X"):

- Bachelor Degree in:

• Job vacancy

unemployed

employed

Host Organization:

Address:

Zip code and country:

Phone:

email:

Number of employees engaged with no time limit:

Place where the internship will take place (address, department, etc):

Expected days and hours of access to the premises:

Total number of months: from _____ to _____

(It is possible to extend the internship in accordance with the regulations in force)

University supervisor:

Phone:

Qualification:

Organization supervisor:

Phone:

Purpose and modalities of the curricular training/stage:

Special conditions that have been agreed upon (please, specify the amount of the possible refund meals and tickets etc...



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Insurance policies provided by the University:

Accidents at work INAIL position n° 00000000 (management on behalfs) D.M. 10.10.1985 e art. 2 D.P.R. n. 156/1999

Civil liability policy n. 65.180533004 Copany UnipolSai Insurancei Spa

Othr: Cumulative Injury Policy n. 48240051 Helvetia Company Svizzera Insurance SA

Trainee's obligations.

The trainee must:

- Follow the supervisors' suggestions and inform them of requirements or needs that may come up during the internship;
- Respect and maintain secrecy on confidential information, about products, processes or on other classified information regarding the organization, that he/she may come in touch with both during the internship and after it has ended;
- Respect the rules and regulations on hygiene and security.

By signing the present agreement, according to the law n° 196/2003 (Personal Date Protection) the trainee allows the transmission of his/her personal data to the host organization and consents to the use of this data strictly for purposes directly connected with the present internship relation.

Rome,

UNIVERSITA' DEGLI STUDI DI ROMA "TOR VERGATA"

The President of

(Prof.....)

(Signature)

HOST ORGANIZATION

The legal representative (.....)

.....

(Signature)

STUDENT

The trainee

(.....)

(Signature)