

To the Coordinator of the Degree Course  
in .....

**INSTANCE INFORMATION TRAINING AND ORIENTATION/ INTERNSHIP  
at companies, public and private entities, professional associations**

**(Agreement signed on ../. / .... )**

APPLICANT DATA

Name of the trainee .....

Matriculation Number ..... Enrolled in .....year in Academic Year  
.....

Engineering Department

Degree in .....

born in .....(.....) on..... ,

Resident in  
.....

Tel..... Cell.....

Tax ID Code .....

Disabled person            Yes            No

HOST PERSON DATA

Host Company name .....

Internship location (factory/ department / office)  
.....

access times to company .....

Company Tutor .....

INTERNSHIP DATA

tutor for the promoter (a teacher of the Degree Course - name and signature): .....

.....

internship period n. hours ..... CFU ..... from ..... to .....

Objectives and methods of the internship: .....  
.....  
.....  
.....  
.....  
.....

Provided Facilities: .....  
.....  
.....

**Insurance policies: Gruppo Zurich (Infortuni n. Z084787) e Allianz S.p.a. (R.C. n. 79301440).**

**Pursuant to Legislative Decree 81/08 and Article 10 of the MURST decree 363/98, the obligations relating to compliance with the legislation on safety at work are the responsibility of the host.**

Obligations of the trainee:

- Follow the instructions of the tutors and refer to them for any organizational need and other eventualities;
- Respect the confidentiality obligations regarding production processes, products or other news relating to the company of which they become aware, both during and after the internship;
- Respect the company regulations and the rules on hygiene and safety;
- Have attended a course on occupational safety pursuant to articles 36 and 37 of Legislative Decree 81/08 and subsequent amendments.

Messina on .....

Trainee's signature .....

Stamp and signature of the host organization .....

View  
Authorized  
The Coordinator of  
the CdS or his/her  
Delegate