



## TRAINING AND ORIENTATION PROJECT

(Re: Agreement (1) | .....  
stipulated on | .....)

**Name of intern** | .....  
born in | ..... on | .....  
residing in | ..... at | .....  
tel: | ..... e\_mail | .....  
tax code | .....

Status

- Undergraduate  Graduate  
 Student of post-diploma course  Student of post-graduate course  
(Is applicant disabled?)  NO  YES

**Course :** | .....  
| .....

**Host company/entity:** | .....  
| .....

registered office/s for the internship (establishment/department/office)  
| .....  
| .....

timetable for access to corporate premises (days and times)  
| .....  
| .....

period of the internship : from | ..... to | .....

**Intermediary entity (if included)**  
| .....

having its registered office in  
| .....

| ..... company code and tax  
code | .....

henceforth referred to as Company/Entity, represented by Mr./Ms.  
| .....

born in | ..... on the | ..... of | .....

free services

paid services

### Tutors

#### University

- faculty mentor (if applicable) : | .....  
tel/fax : | .....

e\_mail: |.....|.

**host partner**

Company tutor : |.....|,

tel/fax : |.....|,

e\_mail: |.....|.

**Intermediary entity**

Company tutor (if included): |.....|,

tel/fax : |.....|,

e\_mail: |.....|.

**Insurance Policy**

**- University**

work related injuries INAIL: pos. n. 090297236<sup>(2)</sup> (Management on behalf the State),  
UNIPOLSAI pos. n. 154207087

third party liability: pos. n. ITCASC09280 CHUBB EUROPEAN GROUP<sup>(3)</sup>.

**- More**

Entity that provides : |.....|;

Insurance Company : |.....|;

Type of insurance : |.....|.

**Tasks of the trainee**

|.....|  
|.....|  
|.....|  
|.....|  
|.....|

**Objectives and methods for the internship**

|.....|  
|.....|  
|.....|  
|.....|  
|.....|  
|.....|  
|.....|  
|.....|  
|.....|  
|.....|

**Grants provided:**

|.....|  
|.....|  
|.....|

**Obligations of the intern**

- to follow the instructions of the tutor and mentor and to refer to them for any organizational necessity or for any other eventuality;

- to respect the confidentiality obligations regarding the production processes, products and other information related to the company which the intern may become aware of, both while and after the internship is carried out;
- to respect the confidentiality obligations regarding the production processes, products and other information related to the company which the intern may become aware of, both while and after the internship is carried out;
- to respect the corporate regulations and the applicable laws regarding hygiene and safety;
- to draft a conclusive report on the activities of the internship for the University.

..... (date) .....

**for “G. d’Annunzio” University**

faculty mentor (*if applicable*):

\_\_\_\_\_

**host partner**

company tutor (signature and **STAMP**):

\_\_\_\_\_

*(if included)*

check of **Intermediary entity** (signature and stamp)

company contact who sign (Mr/Mrs) :

[.....]

tel: [.....]

e\_mail: [.....]

\_\_\_\_\_

Gabriele d'Annunzio" University in Chieti, Italy  
Training Activities Abroad

**company card**

**Host Partner :** \_\_\_\_\_

Company/Entity.....  
 .....  
 having its registered office in .....  
 company code and tax code .....  
 henceforth referred to as Company/Entity, represented by Mr./Ms.  
 .....  
 born in.....on the.....of.....

Insurance for workers position number .....  
 Postal Code.....City.....  
 Tel.....Fax.....  
 Email.....Web site.....  
 Legal Representative.....

Sector that the company operates in:

- agriculture
- trade and industry
- public entity
- service providers or professional firms
- healthcare
- other sector.....

Type of Company:

- General Partnership
- Limited Partnership
- Public Limited Company
- Mutual Company
- Social Co-operative
- Partnership
- Limited Liability Company
- Limited Liability Syndicated Company
- Non Profit Organization having social aims
- Non profit / NGO
- Limited Liability Social Co-operative
- Social Non Profit Co-operative
- Other.....

Company (check off the box to give authorization):

- I authorize the AFE Office to add my email address to the mailing list for communications relating to office activities.

.....(date) .....

**(STAMP e signature for the Company/Entity)**

|