



TRAINING AND ORIENTATION PROJECT

(Agreement n. _____ signed on _____)

Name of Trainee _____

Place of birth _____ Date of birth (day/month/year) _____

Residing in (city/town) _____ Address _____

Tax code/S.S.nr. _____ Matr. n. _____ Enrolled in (degree or post-degree specialization course) on: _____

Current situation (tick or check the appropriate box):

Student enrolled in a degree course _____

Student taking post-degree specialization courses /master's degree courses _____

Student with a doctorate programme research grant _____

Unemployed University Graduate _____

Any physical handicaps? yes no

Host company _____ Training Location _____

Address (of training) _____ plant/department/office _____

Access hours to company premises: _____

Training period: n.° hours _____ n° c.f.u. _____ n° months _____ From _____ to _____

Tutor nominated by the University of Urbino _____

Company Tutor _____

Training objectives and methods _____

Insurance Policies:

Workplace Accident insurance (INAIL): MANAGEMENT ON BEHALF OF THE STATE

Cumulative accident insurance: AXA Assicurazioni S.p.A.

Civil liability policy: UnipolSai Assicurazioni S.p.A.

Planned Business Trips and/or transfers NO YES If yes please specify the reason _____

Any benefits foreseen for the trainee: _____

Trainee's obligations:

- Follow the tutors' instructions and refer to them for advice on any organisational requirements or other needs.
- Comply with the confidentiality obligations regarding any production processes, products or other company information learned both during and after the training course.
- Comply with company regulations, and hygiene and safety laws.

Urbino, _____

Trainee Signature _____



(company official stamp)

Signature for the Company _____

Signature for the University _____