



Educational training project

(Educational project no. _____ with reference to Agreement no. _____ signed on
_____)

Name of Trainee _____ **matriculation**
no. _____

Born in _____ on _____ tax no.

Place of
residence _____

Telephone no. _____ E-mail
address _____

Education

**High school
qualification** _____

Bachelor degree
in _____ Curriculum _____

Awarded
on _____

Master degree
in _____ Curriculum _____

Awarded
on _____

Training _____ **course**

First **level** **/second** **level** **master**

Ph. D. course _____

Ongoing training carried out: YES NO



Bachelor: Place _____ Duration: no. of
months _____

Master: Place _____ Duration: no. of months

Post-graduate training: YES NO

Bachelor: Place _____ Duration: no. of months

Master: Place _____ Duration: no. of months

Level of 1st foreign language:

Written:
Suff. _____ Good _____ Excellent _____

Spoken:
Suff. _____ Good _____ Excellent _____

Level of 2nd foreign language:

Written:
Suff. _____ Good _____ Excellent _____

Spoken:
Suff. _____ Good _____ Excellent _____

Level of 3rd foreign language:

Written:
Suff. _____ Good _____ Excellent _____

Spoken:
Suff. _____ Good _____ Excellent _____

Host authority/company details

Name

Registered _____ Office

Code _____ no.

VAT _____ no.

Training _____ place



Production Sector

Training period

from _____ to _____ no. of training hours per day
----- no. of months -----

In the event of early conclusion/ interruption of the training period the host company/authority representative must send notification- the Counselling, Training & Placement Office, by e-mail to placement@unibg.it at least 4 days before the expiry date.

Insurance policy: INAIL (National Insurance Institute for Industrial Accidents) Insurance no. COD. N. 3104
(policy against accidents) Position no 0363400988 Compagnia HDI Assicurazioni Spa - Agenzia Generale di Perugia 363
Civil liability: Position no . 0363400991. stipulated with Compagnia HDI Assicurazioni Spa - Agenzia Generale di Perugia 363

1. Training project

Description of the training activities agreed between the host company representative and the trainee.

(Specify if the activities are to be carried out in more than one place and/or there will be some travel or activities outside the base)

With reference to the statements concerning safety and health at work made in article no. 5 of the Agreement drawn up for educational training, we confirm the validity of the provisions under the "sezione tirocinanti" ("trainees' section") of the document concerning the assessment of risks during the following training activities.



2. Benefit provided

Refund of expenses: No Yes Amount of money -----

Access to the canteen Lunch vouchers

3. Agreed hours appointed : No. of hours per day:-----

No.	of	hours	per	week:
-----	-----	-----	-----	-----
Total	no.	of	training	hours:
-----	-----	-----	-----	-----

4. Company representative support activities

Type: talks e-mail telephone communications

Deadlines: weekly fortnightly monthly

5. Trainee's duties

a) Follow the tutor's recommendations

b) Respect confidentiality obligations concerning production processes, goods, or any other information about the company that the trainee will gain knowledge of during or after the training period.

c) Respect the company's rules and regulations concerning hygiene and safety.

d) Fill in the record book during the training period.

e) Hand in the training record book within **1 month** after the conclusion of the training to the Counselling, Training & Placement Office

f) **Furthermore the trainee declares that he/she does not suffer from any illness, which could deteriorate as a result of the activities carried out during the training period and if the trainee is pregnant she must declare it at the start or during the training period or after its conclusion, to check compatibility with the activities carried out.**

N. B. Specify how you gained knowledge of and how you found the host Authority/Company:

Training Office announcement Personal contact

Other-----



For the University of Bergamo (Italy)

Name/surname of the professor:

Signature _____

Phone number 0039 035

email

For the host authority/company representative (Psychologist, tutor of the trainee)

Name/Surname _____

Signature _____

Phone

number _____ **email** _____

By signing this project, **the trainee authorizes the processing of his/her personal data** for the purposes of carrying out the training activities according to GDPR 679/2016 and the legislative decree no.196/2003 - Personal data protection code.

Signature _____
