



**UNIVERSITÀ  
DEGLI STUDI  
DI BERGAMO**

Servizio orientamento  
e programmi  
internazionali

# Training record book

**Given to** \_\_\_\_\_

**Resident in** \_\_\_\_\_

**Host Authority/ Company**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Number** \_\_\_\_\_





<b>Date</b>	<b>Number of hours</b>	<b>Place and activities carried out</b>	<b>Trainee's signature</b>

Signature of the host company/authority representative



**1. Host company/ authority representative’s report on the training activities**

Assessment of the educational results achieved

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Date: \_\_\_\_\_  
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Stamp and Signature:

**Possibilities for future work opportunities:**

**Might there be any future work opportunities? Yes  No**

**If yes: Short**  
**term\_\_\_\_\_**

**Medium/long**  
**term\_\_\_\_\_**

**Type of contract:.....**

**You are kindly asked to fill in this form to enable statistical data to be collected regarding the possibility of post-training work placement for graduates from the University of Bergamo.**

**2. Student’s remarks regarding the training experience**

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Training satisfaction questionnaire**

Dear trainee,

We kindly ask you to express your level of satisfaction by putting an "X" and using a 4 to 1 scale (where: 4 is "very important/ high level satisfaction") and 1 is "not important/ low level satisfaction") to help us improve the quality of the service offered.

Thank you for your cooperation.

Degree in: .....					
Faculty: .....					
Type of degree course: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master					
		<b>Satisfaction</b>			
		4	3	2	1
<i>Office: Counselling, Training and Placement</i>					
<i>Accessibility of the Marketplace training and placement portal:</i>					
<i>Office hours</i>					
<i>Helpfulness of the people</i>					
<i>Competence of the people</i>					
<i>Host company/authority base (specify the name):</i>					
<i>Consistency between the goals of the training project and the activities carried out in the host company/authority</i>					
<i>Helpfulness of the supervisor in the host company/authority</i>					
<i>Importance of the distance for the choice of training place</i>					
<i>Did you receive any money to refund expenses?</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Overall assessment of the host Company/ Authority</i>					
<i>Overall assessment of the Placement service</i>					
<i>Suggestions:</i>					

Bergamo, \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_