



UNIVERSITÀ
DEGLI STUDI
DI BERGAMO

Servizio orientamento
e programmi
internazionali

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



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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 _____



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Training period

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

In the event of an extension/ early conclusion/ interruption of the training period the host company/authority representative must send notification by fax to telephone no. 035-2052298 – the Counselling, Training & Placement Office, or by e-mail to placement@unibg.it at least 4 days before the expiry date.

Company trade-union address (or address of the company's major trade-unions):

For the Office

Directorate of Labour in charge of the territory: _____

Insurance policy: INAIL (National Insurance Institute for Industrial Accidents) Insurance no. COD..N. 3104
(policy against accidents) Position no 2020/05/2944803 - Compagnia Reale Mutua Assicurazioni- Bergamo Porta Nuova.
Civil liability: Position no 084.014.0000913323.stipulated with Vittoria Assicurazioni – Agenzia Cortesi Bergamo

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.

FIRST STAGE (entry into the company) _

SECOND STAGE (learning and extension)

THIRD STAGE (acquired knowledge and skills consolidation)



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1. Benefit provided

REFUND OF EXPENSES: NO YES AMOUNT OF MONEY -----

ACCESS TO THE CANTEEN

LUNCHEON VOUCHERS

Agreed hours appointed : No. of hours per day: _____

No. of hours per week: _____

Total no. of training hours: _____

2. Company representative support activities

Type: talks e-mail telephone communications

Deadlines: weekly fortnightly monthly

3. 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

N. B.

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

☐ Unibg Website

☐ Training Office announcement

☐ Personal contact

Other _____

For the University: Elena Gotti
service

Head of Counselling, Training and Placement



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Tel. 035 2052268 mail: elena.gotti@unibg.it

Signature_____

**Host authority/company
representative**

Signature_____ Tel_____

E-mail
address_____

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 the legislative decree no.196/2003- Personal data protection code.

Signature_____