



**UNIVERSITÀ
DEGLI STUDI
DI BERGAMO**

Servizio orientamento
e programmi
internazionali

Training record book

Given to _____

Resident in _____

Host Authority/ Company

Registration Number _____



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Date	Number of hours	Place and activities carried out	Trainee's signature

Signature of the host company/authority representative



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					
		Satisfaction			
		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____