***(The Traineeships Office shall complete the sections in yellow)***

***reference to the Convention of …………………..***

***EDUCATIONAL CURRICULAR TRAINING AND GUIDANCE PROJECT***

***(ART.4, COMMA 2 DEL D.M. N°142 of 25th march 1998)***

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| **Student’s name and last name: serial number.……. credits …. ( …… hours) expected on PdS**  **Born in**: (…..) on …………………  **Resident in**: street n. postal code City  **Tax code**:  **Phone number**: landline: cell phone: mail🖂:  (mark if it is a disabled person) ⃞ |

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| **Current condition: Graduate student of the Degree Programme (please tick the box):**   * **First level BACHELOR DEGREE ⃞ second level MASTER OF SCIENCE ⃞** * **CODE COURSE: ………………** * **Of……………………………………. (specify the title of the course)**      * **Unemployed ⃞ jobless ⃞ employed ⃞ ( n.\_\_\_ hours per week))**   ***(Please tick as required)***  ***Unemployed = Never Contract Jobless = Contracts Previously Employed=Currently Under Contract*** |

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| ***Smart Working Requirements:***   * ***The requirements for performing the internship in smart working mode provide that*** * ***The student is duly provided with the necessary means of work (personal or business computer with an internet connection).*** * ***Support by telephone, video or conference with the company tutor*** * ***Daily activity report*** * ***Use of sharing media such as iCloud or other*** * ***Any other requirement which may be considered useful for the performance of the activity*** |

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| **Host company** (with name and address):  **Number of permanent employees ~~:~~**  **Place of the internship (**specify full address also different places): ……………………….    **Access times to the premises (**days and hours ex:.Mon-Fri from hours to hours): ...........  for max 8 hours/day - max 40h/week total according to student/company needs  **Period of training months:\_\_\_\_\_\_\_\_ from gg/mm/aaaa *(insert a date of 15 days after the date of forwarding)***  ***to* gg/mm/aaaa**  With the possibility of extension within the limits provided by current legislation |

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| **University Tutor: Phone number: Qualification:**  **Company Tutor: Company phone number** **Company e-mail🖂:** |

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| **Objectives and modalities of the internship** **(short description):** |

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| **Facilities provided :**  (indicate the exact amount of any lump-sum refunds, meal vouchers, etc.) |

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| **Insurance policies shall:**  Accidents at work INAIL position No. 00000000 (management on behalf) D.M. 10.10.1985 and Art. 2 D.P.R. No. 156/1999.  Liability policy n. 65.180533004 Compagnia Unipolsai Assicurazioni Spa.  Other: Cumulative accident insurance No. 48240051 Helvetia Swiss Insurance Company SA. |

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| **Obligations of the trainee:**   * Follow the instructions of the tutors and refer to them for any organizational or other need, committing to carry out the program agreed with the Company and reported in the training and guidance project with punctuality, seriousness and accuracy; * Respect the confidentiality obligations regarding production processes, products or other news related to the company that comes to knowledge, both during and after the course; * Comply with company regulations and health and safety regulations. |

At the link <http://utov.it/s/privac> y the trainee finds "The information pursuant to art. 13 and 14 of EU Regulation 2016/679 for users who intend to register for admission tests and state exams, for users who intend to register for study courses and for students, graduates and interns. With the subscription the trainee declares to have read the above-mentioned information and expresses the consent that personal data are communicated to the Company only for the processing related to the purposes of this internship report. Please note that a trainee who does not consent to his or her personal data being communicated to the Company, only for the processing related to the purposes of this internship relationship, cannot take part in the internship activity.

**Any changes in the data reported in this document (place of internship, travel, early termination, tutors, objectives and methods) must be communicated at least 10 days before, by email, by the host company/ entity, both to the student and to the Internship Office of the Macroarea of Letters and Philosophy to:** [tirocinio@lettere.uniroma2.it](mailto:tirocinio@lettere.uniroma2.it)

**In case of extension, the application must be sent to both the student and the internship office of the Macroarea of Letters and Philosophy, always by e-mail to**: [tirocinio@lettere.uniroma2.it](mailto:tirocinio@lettere.uniroma2.it) **at least 10 days before the end of the activity, for the purpose of extending insurance cover.**

Rome,

**University of Rome “TOR VERGATA”**

**The President/Coordinator of the Degree Programme in …………………………..**

**(Prof. )**

**…………………………………………………………….**

**Name of the host company …………………………….**

**The manager**

**(……………………….)**

**Signature …………………………………..**

**The student**

**(name and last name ………………………………)**

**…………………………………………………………**

**Signature for viewing and acceptance of the trainee**