**TRAINING PROJECT**

(ref. Agreement1 No ...... concluded on ...../.../.....)

**Surname and first name of the student** ...................................................................................

Tax code …………………………..……. Born in …………………… on ..…/……/……..

Permanent address: city …………………………………… street …………………. No …………………

mobile ……………………………………… email ………………………………………….

Degree course ............................................................................................................

Disabled person2 YES NO

**Host**

………………………………………………………………………………………………………………

Administrative headquarters ……………………………………………………………………………………..

VAT No ……………………………………………………… Tax code …………………………………

Website .....................................................................................................................

Core business …………………………………………………………………………………………

Number of permanent employees3 ....................................................................................

Areas of interest for internships:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| within bachelor's degree courses | * ………… * ………… * ………… | * ………… * ………… * ………… | * ………… * ………… * ………… | * ………… * ………… * ………… |
| within master's degree courses | * ………… * ………… * ………… | * …………… * …………… * …………… | * ………… * ………… * ………… | * ………… * ………… * ………… |

Project: Objectives and typology of internship (description of activities): …………………….………

……………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………...…………………

Company department involved in the internship4...............................................................................

……………………………………………………………………………………………………………

Site(s) of the internship (facility / department / office)5............................ …………………………… ..…………………………………………………………………………………………………..…………

Timeframe for entering the company’s premises 6: …………………………………………………………………

Weekly internship hours7: ……………………………………………...

Internship period 8: ....... months from ....../....../......... to ....../....../.......

University tutor: ………………………………………………………………………………

(contacts: +39 040 558……./………, email: …………………@units.it)

Company tutor: …………………………………...........................................................................

Role ..................................................................................................................

(contacts: phone .…………………………………..., email…………………………………………..…….).

University credits 9........... ECTS/CFU

Benefits included (e.g. scholarships, canteen, accommodation, reimbursement of expenses, etc.):

…………………………………………………………………………………………………………….

**Insurance policies**10**:**

* Accidents at work (INAIL) - management on behalf of the State, position No 99992000.
* Additional policy: No 8/404324745 by AXA Assicurazioni S.p.A., expiring on 31/12/2024.
* Third party liability: policy No 7/409966378 by AXA Assicurazioni S.p.A., expiring on 31/12/2024.

Documents annexed to the training project:

- 1 risk assessment document for the possible creation of a health record for the curricular internship, signed by the company’s employer or head of its health and safety services.

Trieste, \_\_\_\_\_\_\_\_\_\_\_

The student ..........................................................

For the University of Trieste

the Tutor, Prof. ..................................................................

For the Host subject,

the Tutor ................................................................................

**NOTES**

1. The training project must be annexed to the Agreement (Article 4 of Italian Ministerial Decree No 142/98, FVG Presidential Decree No 103/2010).
2. Pursuant to Article 18(1)(d) of Italian Law No 196/97, disabled people cannot continue with an internship beyond 24 months and the duration is ‘*to be* *adjusted according to the specific type of disability.’*
3. The employer may not exceed the maximum number of interns laid down in Article 1 of Italian Ministerial Decree No 142/98 in relation to the number of permanent employees.
4. The internship may also take place in several departments of the same organisation (Article 4 of Italian Ministerial Decree No 142/98).
5. Indicate all sites where the internship is normally carried out for the purposes of the student’s insurance policy. In the case of activities occasionally carried out in other premises or off-site, written notice should be sent to the Promoter.
6. Indicate the established hours in which employees can clock in and out of the place of work. For insurance purposes, this must include the student’s entry and exit times. In case of activities carried out outside these working hours, written notice should be sent to the Promoter.
7. The weekly timetable is used to calculate the duration of the internship. Internship hours skipped while on leave can be worked in the following weeks, subject to the consent of the company tutor and the University tutor.
8. See Article 18(1)(d) of Italian Law No 196/97.
9. If scheduled, they must be agreed in advance with the University tutor.
10. In particular, as regards accidents at work, the student must follow the procedures indicated on the page ‘*Assicurazione degli studenti contro gli infortuni’* (student insurance for accidents at work, http://www.units.it/dida/ordamm/?file=NormeInfortuni.inc).