



UNIVERSITÀ  
degli STUDI  
di CATANIA

UFFICIO per i  
RAPPORTI  
INTERNAZIONALI

## TRAINING AGREEMENT

Trainee's Name and Surname _____ born in _____ date ____/____/_____/
Resident in _____ Street _____ N. _____
Tel. _____ Mobile _____
e-mail _____

<b>Current Situation:</b>
<input type="checkbox"/> (For Graduates) Degree in _____;
Date of graduation ____/____/_____/
<input type="checkbox"/> (For Student) Department _____

<b>Hosting Structure:</b>
Sector _____
Internship Location _____
Telephone Number _____

<b>Hours of access:</b>
Number of months ____ from ____/____/_____/ to _____
Number of days _____
Number of weekly hours _____
Internship Timetable: from _____ to _____

<b>On-site Tutor:</b> _____
<b>Department Responsible</b> _____

<b>Insurance Policy:</b>
- INAIL, the public body responsible for Work Accidents Compensation: Coverage injury ensured by the so-called form of "management on behalf of the State."
- Civil Liability Insurance (C.V.T) - No. ITCANA00377 Insurance Company "ACE European Group Ltd" (Expiring Date 31/07/2016)
- Accidents - Policy No. 71670343 Insurance Company "Allianz SpA" (Expiring Date 30/07/2016)

<b>Objectives and evaluation methods</b>
a) <b>Skills to be developed:</b>
Technical and Professional Skills: _____
Basic Skills: _____
b) <b>Activity:</b> _____
<b>Ongoing and final methods of evaluation</b>
- attendance sheet;
- final assessment on work performance;
c) <b>Allowance:</b> (if it is the case) _____
<b>Modes of internal and external tutorship:</b> daily supervision of company mentor and some periodic meetings in order to assess the work performance.

**Facilities provided:**

Reimbursement       Incentives                       Other     None

**Trainee's Duties :**

- to carry out all the activities encompassed by the training project ;
- to follow the instructions given by tutors and report to them for any organizational requirements or any other occurrence;
- to comply with the obligations regarding the confidential nature of company productive processes or any other related information that the trainee may come across during and/or after the training period;
- to comply with corporate regulations of hygiene, health and safety standards of the workplace.

The undersigned / trainee authorizes the processing of personal data under the Legislative Decree 196/2003 along with all the subsequent amendments and hereby certifies the authenticity of the above information, according to the provisions of art. 46 of the Presidential Decree, dating December 28<sup>th</sup>, 2000 No. 445, being aware of the loss of all benefits according to art. 75 of the Presidential Decree 445/2000 along with all the criminal consequences envisaged by art. 76 of the same Presidential Decree in the event of any possible falsification of documents and statements.

Sending Tutor: \_\_\_\_\_

Signature:

Trainee: \_\_\_\_\_

Signature:

Host Structure Responsible: \_\_\_\_\_

Signature and stamp:

On-site Tutor: \_\_\_\_\_

Signature: