



UNIVERSITY OF CATANIA
TRAINING AGREEMENT

Trainee's Name _____ born in _____ date ____/____/_____/_____
Resident in _____ Via _____ No. _____
Tel. _____ Mobile _____
e-mail _____
Fiscal Code No. _____

Current Situation:
 (For Graduates) Degree in _____;
Date of graduation ____/____/_____/_____
 (For Student) Department _____

Hosting Structure _____
Sector _____
Internship Location _____
Telephone Number _____

Hours of access to the premises of the host organization:
Number of months ____ from _____/ to _____
Number of days _____
Number of weekly hours _____
Internship Timetable: from _____ to _____

Teaching Tutor: _____
Company Tutor _____ **Qualification** _____

Insurance Policy:

- 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)

OBJECTIVES AND METHODS OF TRAINING

a) **Skills to be developed:**
Technical and Professional Skills: _____
Versatile Skills: _____
Basic Skills: _____

b) **Activity:** _____

Ongoing and final methods of evaluation

- attendance sheet;

- final assessment on work performance;
- customer satisfaction questionnaire;

c) **Allowance:** _____

The listed documents must be duly signed by all parties and handed in at the end of the internship.

Modes of internal and external tutorship: daily supervision of company mentor and some periodic meetings with the appointed teaching assistant 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 28th, 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.

Accademic Tutor's signature _____

Administrative Tutor's signature _____

Trainee's signature _____

Signature and stamp of the Host Organization

Stamp of the Home University