

ATTACHMENT 1a

UNIVERSITY OF BARI ALDO MORO

DEPARTMENT OF BIOSCIENCES, BIOTECHNOLOGIES AND ENVIRONMENT

APPLICATION FORM FOR AGREED TRAINEESHIP

HAND FILLED APPLICATIONS WILL BE NOT ACCEPTED

The undersigned (Surname and Name)	
Date and place of Birth	
Current Address	
Permanent Address (if different from above)	
Telephone number	
email	
Enrolled in the Degree Course of	

Having examined:

- the University Degree description
- the Regulation about traineeship at the University of Bari and that on the site www.biotech.uniba.it

REQUESTS

to do the traineeship (*tick the chosen form*)

- at the host Institution/Company _____ with an already established agreement
- at the host Institution/Company _____ which is in the process of accepting an agreement*

***the proposed agreement must be submitted together with this application**

STATES

- that he/she passed, to date, the exams listed on the rear, for a total of ... CFU and that he/she has the following weighted average: /30
- that he/she didn't do another traineeship sponsored by University of Bari
- that he/she is not in a familiar relationship (up to 4th degree) with the owner / legal representative / technical director / partner / general partner, or anyone who has powers of representation of the company / host structure
- that he/she has no work relationship with the host institution/company

INDICATES as TUTOR

Prof/ Dr	
Tutor's Qualification	
at the Faculty of	
at the University of	
Tutor's Tel/e-mail	
Function in Institution/Company	
Denomination Institution/Company	

Address/ZIP/City	
Tel/Fax/e-mail/www	
C.F./P. IVA	
Number of Employees of Institution/Company*	

* Not required in case of Public Institution

TRAINING PROJECT

(Attachment 1 of the Agreement established on _____)

Name of trainee registration n.

Birth (place and date)

Residence (full address)

Tax Code

Present professional situation: (mark the appropriate box)

student of high school	<input type="checkbox"/>	university student	<input type="checkbox"/>
trainee holding high school degree	<input type="checkbox"/>	trainee holding university degree	<input type="checkbox"/>
student of a professional school	<input type="checkbox"/>	unemployed/mobility program	<input type="checkbox"/>
no occupation	<input type="checkbox"/>	handicapped	<input type="checkbox"/>

University degree Bachelor in obtained on

Specialized University degree in obtained on

University degree Master in obtained on

Hosting institution :

Place of training:

Time of access to training place: from (time) till (time)

Training period: (up to 12 months) from till

Academic Tutor (designed by the proponent):

Tutor designed hosting institution:

Insurances:

Working accidents: INAIL posizione n. D.P.R. 1124 del 30.6.1965

Civil liability: insurance policy n. ITCANB19817 Assicurazioni Ace European Group;

Accident risks: insurance policy n. 2021/05/3003083- Insurance Company Reale Mutua;

Objectives and organization of the training (Title of the project)

Duties of trainee:

- follow the tutors' directives and refer to them for any need or question
- keep confidential any information concerning the hosting institution
- respect the rules of the hosting institution
- respect the rules concerning hygiene and safety.

Date _____

Signature of the trainee, who declares to accept the conditions _____

Signature of the Tutor of the host institution _____

Signature of the proponent _____
Director of the Department

Signature and stamp of the representative of host institution _____

Spazio riservato alla Segreteria didattica del Dipartimento presso il Labo-Biotech	Spazio riservato alla Commissione Tirocini del Consiglio Interclasse di Biotecnologie
Ricevuta il	Ricevuta il
Trasmessa alla Commissione il	Esaminata il
Ritirata/trasmessa al tirocinante il	Trasmessa al Dipartimento il:

