



## TRAINING AND GUIDANCE PROJECT

Referred to Agreement n° \_\_\_\_\_ stipulated on \_\_\_\_\_

### PROMOTING PARTY

Corporate/Business name: .....

Type ..... of ..... entity:

.....

Fiscal code: .....

Legal ..... representative:

.....

Registered office: .....

Field office/s for the traineeship (establishment/department/office): .....

.....

Faculty mentor: .....

Administrative ..... tutor:

.....

Tel: ..... e-mail:

.....

### HOSTING PARTY

Corporate/Business name: .....

Registered office: .....

Fiscal ..... code/VAT ..... registration:

.....

Tel: ..... e-mail: .....

Legal ..... representative:

.....

Site/s of the traineeship program: .....

Company tutor: .....

Professional profile of the company tutor: .....

Tel: ..... e-mail: .....

### TRAINEE

Name/Surname: ..... Gender  M  F

Born in: ..... Date of birth ..... nationality

.....

Resident in ..... address ..... n°..... Zip code .....  
Prov.....  
Domicile (whether different from residence)  
.....  
Fiscal code: .....  
Qualification: ..... achieved on .....  
Faculty: .....  
Tel: ..... e-mail: .....

**TRAINEESHIP TYPE AND RECIPIENT**

- training and guidance project** (just for *subjects which obtain a degree for no longer than 12 months*)  
Degree achieved on: .....
- training of insertion/reinsertion at work – T.I.W.** (just for *subjects which obtain a degree for more than 12 months*)

**INFORMATION ON THE TRAINEESHIP**

Training period: from ..... to .....  
Training period: n° months .....  
Number of working hours per week: from ..... to .....  
for ..... days per week  
Potential traineeship interruption: from ..... to .....

**BENEFITS**

- Monthly grant: € ..... pre-tax  
Other facilities:  company canteen  daily meal ticket  travel expenses  
 Others (specify) .....

**INSURANCE POLICY**

- PROMOTING PARTY: UNIVERSITY OF BARI**  
INSURANCE COMPANY: ACE EUROPEAN GROUP  
THIRD PARTY LIABILITY N. ITCANB19817  
WORK RELATED INJURIES INAIL: N. 011559726

- HOSTING PARTY:**

INSURANCE COMPANY: .....

THIRD PARTY LIABILITY: .....

WORK RELATED INJURIES: .....

**ACTIVITIES AND PROCEDURES**

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**OBJECTIVES AND METHODS FOR THE INTERNSHIP**

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**ARRANGEMENTS FOR THE FINAL LEARNING CHECK** (compilation of the *Messa in trasparenza delle competenze acquisite*, in attachment)

**RIGHTS AND DUTIES OF THE INTERN**

1. During the mobility the trainee have to:

- carry out the activities established by the training and guidance program, following the established timetable and the company policy;
- follow the instructions of the tutor and mentor and to refer to them for any organizational necessity or for any other eventuality;
- respect the corporate regulations and the applicable laws regarding hygiene and safety;
- record hours and activities carried out daily (sign-in sheet, activities statements, etc.).

2. The trainee is entitled to:

- obtain a traineeship suspension due to maternity reasons or long-term illness, the suspension period does not contribute to the **total/calculation** of the traineeship;
- interrupt the traineeship at any time, reporting to the hosting party tutor and to the promoting party tutor the written justified submission;
- obtain the compilation of the *Messa in trasparenza delle attività svolte e delle competenze acquisite*.

Hosting party signature .....

Company      tutor      signature      of      acknowledgement      and      acceptance

.....



Trainee signature of acknowledgement and acceptance  
.....

Promoting party signature  
.....

Faculty mentor signature of acknowledgement and acceptance  
.....

(Place) ....., (date) .....