



Università
degli Studi di
Messina

The University of Messina

TRAINING AND INTERNSHIP PROJECT

Name and surname of the trainee _____

Enrolment (serial) nr. _____ Year _____ Academic year _____

Department of _____

Course _____

Born in (city and country) _____ Date of birth ____ / ____ / ____

Address (street, city and country) _____

Telephone _____ Email address _____

Tax code (if available) _____

Disabled Yes No

Name of the hosting Company _____

Office address _____

Office hours _____

Company mentor (tutor) _____

N. of internship hours _____ From (day/month/year) ____ / ____ / ____

to (day/month/year) ____ / ____ / ____

Insurance contract: Responsabilità civile - Allianz S.p.A. n. 79301440.

Infortunio - Gruppo Zurich n: Z084787.

Objectives:

To provide the necessary knowledge and skills; to increase the ability to work in a team and, at the same time, the ability to work autonomously; to deal with professional responsibilities.

Activities to be carried out during the internship (by the host institution):

Obligations of the trainee:

- Follow the instructions of the mentors and refer to them for any kind of need and other eventualities;
- Respect the confidentiality obligations regarding production processes, products or other related news to the company she/he becomes aware of, both during and after the internship;
- Respect the company regulations and the rules on hygiene and safety.

Place and date _____, ____/____/____

Trainee signature _____

Stamp and signature of the Company _____

Department delegate signature _____