

**TRAINING PROJECT FORM  
TRAINING AND ORIENTATION PROJECT**

Trainee name and surname.....  
born in .....on.....  
living in .....

Italian tax code.....

Actual condition (tick the appropriate box):

- · undergraduate in \_\_\_\_\_
- · year of study \_\_\_\_\_
- · graduate on \_\_\_\_\_
- · postgraduate student
- · vocational training student
- · unemployed in mobility
- · jobless

(Tick the following box if you are a student with disabilities *Yes / No*)

Host institution

Training/internship location.....

Access times to company premises .....

Training/Internship period n. of months.....  
.....from.....to.....

Tutor (indicated by the Promoter) – signature.....

Company Tutor .....

Insurance policies:

- Accident insurance cumulative AXA ASSICURAZIONI SPA
- civil liability insurance VITERBO ASSICURA SRL AGENZIA UNIPOLSAI ASSICURAZIONI

Objectives and details of the internship.....

Facilitations provided .....

Trainee obligations:

- Follow tutors' instructions and refer to them for any organizational need or other occurrences.
- Respect the confidentiality obligations about manufacturing processes, products or other information regarding the company that comes to your attention both during and after the training/internship.
- Respect company regulations and hygiene and safety rules.

....., date.....

Trainee signature for acknowledgment and acceptance.....

Promoter signature.....

Facility signature .....