Prot. n. \_\_\_\_\_\_\_\_ titolo III/14  
dd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING PROGRAM v. 01/20**

(n. \_\_\_ ref. agreement[[1]](#endnote-1) n. \_\_\_\_\_ contracted on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_)

**Name and Surname of the Trainee[[2]](#endnote-2):**

tax code       born in       on

residence in

mobile phone       email

Course of Study        
Identification number (n. di matricola)

student  university degree acquired in the last 12 months[[3]](#endnote-3)

disabled person? : YES  NO

**Name of the Company**

Site of the training[[4]](#endnote-4) (plant/department/office and address):       /       /

Daily access times to the company buildings[[5]](#endnote-5):

Amount of the scheduled weekly hours of the training[[6]](#endnote-6):

Period of the training[[7]](#endnote-7): n.    months, from date       to date

It’s an extension of a previous training? YES  NO

**University Supervisor:**

**Company/Institution Mentor:**

(tel.      , e-mail      )

**Insurance Policies:**

* work-related injury:

AXA Assicurazioni Spa; expiring: 31.12.2022

INAIL - on account of the State, artt. 127 and 190 of the T.U. INAIL (DPR N. 124/65) and Regulation D.M. 10.10.85

* civil liability: position RCT/O n. ITCASC17605; Insurance company: Chubb European Group SE; expiring 31.12.2022.

**Production area (**Sector of the Company where the trainee will be employed)**:**

**Goals and modalities of the training:**

**ECTS credits[[8]](#endnote-8) (if required):**

**Scheduled facilities** (ex: scholarship, meal tickets, access to the company’s canteen, accommodation , refund,… )**:**

**Trainee’s duties:**

* To comply with tutor’s indications and to make reference to him/her for any organizational need;
* To respect confidentiality obligations about productive process or other information concerning the company that he may gain knowledge of , both during the period of training and after that;
* To respect the company’s rules and the rules on hygiene and security.

|  |  |  |
| --- | --- | --- |
|  |  | date |
| Signature of the trainee[[9]](#endnote-9) having read and agreed the document | ………………………………… | ………………………… |
| Signature of the Promoter subject[[10]](#endnote-10)  (Department Director) | ………………………………… | ………………………… |
| Name and Surname  Signature for the Company/Institution | …………………………………  ………………………………… | ………………………… |
| Signature of University of Trieste Supervisor having read and agreed the document | ………………………………… | ………………………… |

NOTES

1. University of Trieste can promote this training for University student only. [↑](#endnote-ref-1)
2. University of Trieste can be Promoter of an Internship only if the intern is one of its University students or has acquired an academic degree at the University of Trieste in the last 18 months. [↑](#endnote-ref-2)
3. Except for disabled trainee (DM142/98), training time can’t be exceed 12 moths; Extension of trainings can be requested but overall period cannot exceed 12 months.

   Otherwise, in case of disabled person (DM142/98), training time can be up to 24 months. [↑](#endnote-ref-3)
4. Write all places where the training is usually done in order to ensure a complete insurance coverage to the trainee. If the training is occasionally done in other places, it is necessary to inform the University sending an e-mail to [*tirocinio.ingegneria@dia.units.it*](mailto:tirocinio.ingegneria@dia.units.it), with a copy of the Training Program. [↑](#endnote-ref-4)
5. Please write the access hours to the company buildings: for insurance coverage they must include also the hours of coming in and coming out of the company. In the case of activities occasionally done in different hours from those specified, it is necessary to give warning at the University of Trieste (mail: [*tirocinio.ingegneria@dia.units.it*](mailto:tirocinio.ingegneria@dia.units.it) ). [↑](#endnote-ref-5)
6. The amount of the weekly hours is useful for the count of the total hours of the training. Any possible absence can be made up the following weeks, prior academic and company tutor’s consensus. [↑](#endnote-ref-6)
7. In the case of work placement in the company, at the end of the training period, please give the SPORTELLO LAVORO information sending an e-mail to [sportellolavoro@units.it](mailto:sportellolavoro@units.it) . [↑](#endnote-ref-7)
8. In order to recognize ECTS credits a prior control is required by the Responsible of trainings. [↑](#endnote-ref-8)
9. The documents must be signed in 3 original copies which will rest with the trainee, the company and the University. [↑](#endnote-ref-9)
10. Department Director of University of Trieste is the last person who sign this Convention. [↑](#endnote-ref-10)