



TRAINEESHIP APPLICATION FORM

Academic Year

To the President of the MSc in **Agricultural and Environmental Biotechnology**

I, the undersigned born in

(Prov./Country/.....) on, Resident in:

Address

Mobile phone

Fiscal Code

e-mail

Enrolled in the year

Matriculation no.

1. DECLARES to have been trained on Dlgs n. 81/2008 (Workplace Safety Law) and
enclose the training certificate;

(if gained after 05/10/2018 it can be downloaded from the student's web service of UNIPG)

2. DECLARES that the traineeship will be carried out

☐ at the Department

☐ during the ERASMUS mobility

3. DECLARES to have acquired so far ECTS credits necessary to be admitted
to the traineeship, as per the Course Regulations;

4. The tutor will be Prof./Dr.

5. DECLARES to be aware that the lack of the three above requisites will result in the
forfeiture of this application and of any traineeship periods attended.

6. ASKS to carry out the Practical Internship during the academic year

At the following company/firm:

Starting from to (ECTS.....)

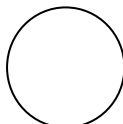
According with the following program of activities agreed with the tutor:

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The trainee will report twice a week the progress of the internship activities to the university tutor.

Date:

The trainee



The University tutor

(signature)

(Department seal)

(signature)

ELECTIVE CREDITS

Extension of the Practicals (.....Credits)

The undersigned as indicated at the Didactic Secretariat, confirms the will to extend the Practicals/Internship activity in order to further achieve credits in the areas of Elective credits.

This proposed activity will involve a commitment equal to hours of presence in the company. The internship will be carried out:

- ☐ At the same company where the Practical/Internship was already carried out;
- ☐ At the following company:

Yours sincerely

.....

(signature)



A.D. 1308
unipg
DIPARTIMENTO
DI SCIENZE AGRARIE,
ALIMENTARI E AMBIENTALI

UNIVERSITÀ DEGLI STUDI DI PERUGIA

MSc in Agricultural and Environmental Biotechnology

TRAINING AND ORIENTATION PROJECT

(Reference to the Agreement)

DEGREE IN: **Agricultural and Environmental Biotechnology**

YEAR OF enrollment:; MATRICULATION No:

TRAINEE DATA:

Born on: / / (day/month/year); in:

State:; Province:

Resident in:; Tel.:; e-mail:

Fiscal Code:

Citizenship: ☐ Italian; ☐ EU country; ☐ Non-EU Country

(Only for non-EU citizens):

Residence permit:; Residence card n.:

Released on: / / (day/month/year)

Expiry date: / / (day/month/year)

(tick in case of a handicapped person) ☐ YES ☐ NO

Internship period: No of Months: ; from to

Access times to company premises:

Indicative timetable:

(days per week and daily timetable: max 40 hours per week on 5-6 working days with 1 hour lunch break)

HOST SUBJECT:

Place of internship (establishment / department / office):

Address:

Attendance detection mode: attendance register.

EDUCATIONAL TUTOR: Prof./Dr.:

Mob.Tel.:; E-mail:

COMPANY TUTOR:

Mob.Tel.:; E-mail:

INSURANCE POLICIES:

Accidents at work by INAIL: Management on behalf of the State;

Civil liability: NOBIS COMPAGNIA DI ASSICURAZIONI SpA - policy RCT/O – RCT/O OVUD n.

203455080 - duration: 01/01/2024 - 12/31/2026 Obligations of the trainee:

The trainee declares to undertake the obligation to:

- carry out the activities covered by the internship, established by the promoter and foreseen by the training and orientation project;
- respect the instructions of the company tutor and the didactic tutor;
- attend the host company / organization within the times and in the manner provided for in the training project, respecting the working hours and environment, the rules and the agreed business behavior models;
- fill in the attendance register and deliver it to the Presidency of the relevant Degree Course at the end of the internship;
- report any injuries to the company tutor and the Department tutor;
- comply with the rules on hygiene, safety and health in the workplace, with particular emphasis reference to art. 20 of Legislative Decree 81/08;
- maintain the necessary confidentiality with regard to data, information or knowledge regarding production processes and products acquired during the internship.

Objectives of the traineeship:

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Activities:

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Methods of carrying out:

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Perugia,

Trainee signature (for acknowledgment and acceptance) _____

Signature of the Company legal representant: _____

Signature of the Company tutor: _____