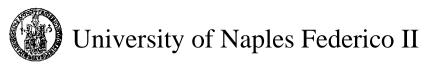
Instructions for completing the Stage Project

- 1. Print the pages that make up the training and orientation project for the internship activities **FRONT / REAR**.
- 2. Write in block letters
- 3. Fill in all the required fields
- 4. Make the **ORIGINAL** document in triplicate:
 - One for yourself;
 - One to the company owner;
 - One to the secretary of the Department.



Project fo	or curric	cular internsh	ip act	ivities rela	ated to the	Agree	ment stipula	ted on
between	the	University	of	Naples	Federico	II	and	
				TRAI	NEE STUD	ENT		
Name and Surname						Student id N°		
Born in _							Province	
On		Resid	lent ir	1				
Province_		_CAP		Street				n°
mobile telephone				eı	email			@studenti.unina.it
			CON	NDITION	OF THE IN	ITERN	NSHIP	
	0							
CHECK IF IT IS A HANDICAP HOLDER								□ yes □ no
(1) Students:	degree cou	urses, research docto	rates, ma	sters, specializ	ation schools or a	dvanced	courses.	
				HO	ST SUBJEC	CT		
Business	name _							
Legal add	ress							
Address c	of the ve	enue where th	e inter	rnship is h	eld (only if	differe	ent from that	of the legal address)
Telephone	e]	Fax		e mai	1		@
					TUTORS			

I

Company Tutor

Name and surname			
Telephone	Fax	email	
University Tutor			
Name and surname			
	INTE	RNSHIP ACTIVITIES	
AIMS AND PROCEDUF	RES FOR THE IN	TERNSHIP:	
Duration of the internship		hoursfrom _	(dd / mm / yyyy) to
Access times to company			
Number of Trainings Cree	dits required for t	he internship	
	FACIL	ITATIONS PROVIDED	
	INS	URANCE POLICIES	
A anidanta at was 1- TATAT	٦.#	accompany on half-16	ТІ - 11 <i>1/10/5</i>
Accidents at work INAIL		nagement on behalf	T.U. n. 1124/1965
Accident Insurance		pany Fondiaria SAI	n. 0472.0700597.43 n. 0472.0700509.66
RCT policy	Com	pagnia Fondiaria SAI	11. 04/2.0/00309.00
	Т	RAINEE DUTIES	

1) Follow the instructions of the tutors and refer to them for any organizational need or other eventualities;

2) Comply with the rules on hygiene, safety and health in the workplace, as well as the prevention and emergency measures adopted by the host and all that is prescribed by the Host or Promoter pursuant to art. 5 of the Convention implementing Legislative Decree n. 81/2008;

3) Maintain the necessary confidentiality and not to communicate to third parties, without the prior consent of the host, information, documents and / or knowledge acquired during the internship. The obligation of confidentiality extends beyond the duration of the internship; fill in, in the case of curricular internship, the diary booklet of the activities carried out.

Information pursuant to art. 13 of EU Regulation 679/2016

The data collected with this form are processed for the purposes of the procedure for which they are released and will be used exclusively for this purpose and in any case within the institutional activities of the University of Naples Federico II. The data controller is the University, in the persons of the Rector and the General Manager, in relation to specific skills. Exclusively for problems relating to a processing that does not comply with your personal data, you can contact the Data Controller by sending an email to the following address: ateneo@pec.unina.it; or to the Data Protection Officer: rpd@unina.it; PEC: rpd@pec.unina.it. For any other request relating to the procedure in question, the administrative secretariat [triunfo@unina.it] must be contacted.

The interested parties have the rights referred to in art. 15-22 of the EU Regulation. Complete information, relating to the processing of personal data collected, can be found on the University website: <u>http://www.unina.it/ateneo/statuto-e-normativa/privacy</u>.

There

Trainee's signature for viewing and acceptance _____

Signature and Stamp for the University (2)

Signature and Stamp for the Host (3)

(2)Signature of the Department Director, the President of the Degree Course Council or the referent professor for internships designated by the Degree Course.