**TRAINING PROGRAM**

**Name and Surname of the Trainee:**

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[[1]](#endnote-1)

disabled person? : YES  NO

**Name of the Company**

Site of the training[[2]](#endnote-2) (plant/department/office and address):       /       /

Daily access times to the company buildings[[3]](#endnote-3):

Amount of the scheduled weekly hours of the training[[4]](#endnote-4):

Period of the training[[5]](#endnote-5): 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 n. 8/404324745; 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. 7/409966378; Insurance company: AXA Assicurazioni SPA.

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

**Goals and modalities of the training:**

**ECTS credits[[6]](#endnote-6) (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 having read and agreed the document | ………………………………… | ………………………… |
| Signature of the Promoter subject[[7]](#endnote-7)  (Department Director) | ………………………………… | ………………………… |
| Name and Surname of the Company Mentor  Signature for the Company/Institution | …………………………………  ………………………………… | ………………………… |
| Signature of University of Trieste Supervisor having read and agreed the document | ………………………………… | ………………………… |

NOTES

1. 1 Except for disabled trainee (DM142/98), training time can’t be exceed 12 months; 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-1)
2. 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) [↑](#endnote-ref-2)
3. Please report the exact duration of your permanence within the company buildings. For insurance covering purposes, the exact time of entrance and leaving has also to be reported. [↑](#endnote-ref-3)
4. 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. [↑](#endnote-ref-4)
5. In case of work placement in the company, at the end of the training period, please give the Career Service information by sending an e-mail to [career.service@amm.units.it](mailto:career.service@amm.units.it) [↑](#endnote-ref-5)
6. In order to recognize ECTS credits a prior control is required by the Responsible of trainings. [↑](#endnote-ref-6)
7. Department Director of University of Trieste is the last person who signs this Convention. [↑](#endnote-ref-7)