**host organisation Logo** 

**TRAINING PROJECT**

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| **TRAINEE**Name SurnameBorn in onPlace of residenceTelephone no e-mail addressThree years degree course: Master Degree:First foreign Language:Level of Written: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐Spoken: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐Second foreign Language:LevelWritten: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐Spoken: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐Third foreign LanguageLevel Written: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐Spoken: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ |

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| **HOST ORGANIZATION DETAILS**NameAddressVAT noField of activityWebsiteTraining Place: City AddressContact person for the traineeship:Telephone no e-mail address |

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| **Traineeship title:**  |

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| **Planned start and end date: from to** **That is (month/s)** |
| In the event of an extension /early conclusion / interruption of the training period the Host Company/trainee must send notification by e-mail to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at least 4 days before the expiry date |

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| **Number of working hours a week:**  |

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| **Detailed programme of the traineeship:** |

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| **Knowledge, skills and competences to be acquired at the end of the traineeship:** |

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| **Monitoring planning:** |

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| **Evaluation planning:** |

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| **Sending Institution**The Sending Institution will provide an accident insurance to the trainee Yes The Sending Institution will provide liability insurance to the trainee Yes UNIPOLSAI n. 189838982 |

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| **Host Organisation** The Host Organisation will provide financial support to the trainee for the traineeship: Yes NoIf the answer is yes, please specify the amount (EUR/month):The Host Organisation will provide an accident insurance to the trainee: Yes No The accident insurance covers: - accidents during travels made for work purposes: Yes No - accidents on the way to work and back from work: Yes No The Host Organisation will provide a liability insurance to the trainee Yes NoThe Host Organisation will provide appropriate support and equipment to the trainee Yes No  |

By signing this document, the trainee, the Sending Institution and the Host Organisation confirm that they approve the project and that they will comply with all the arrangements agreed by all parties.

Place, date

Signature of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Politecnico di Bari, the Rector

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor of Sending Institution – Prof.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Organisation

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Supervisor at the Host Organisation

DIRETTORE GENERALE

Antonio Romeo

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIREZIONE SERVIZI AGLI STUDENTI, SISTEMA BIBLIOTECARIO, CAMPUS LIFE E CLA

Dirigente Francesca Santoro

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SETTORE CAMPUS LIFE E PLACEMENT

Responsabile Dimitri Patella

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UFFICIO PLACEMENT/CAREER SERVICE

Responsabile Lucrezia Petolicchio

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