Internship and Career Orientation Programme

PROMOTING INSTITUTION

The Università degli Studi di Napoli "Parthenope" (ex Istituto Universitario Navale), Via Acton, 38 – 80133 Napoli, Tax code 80018240632, henceforth referred to as the "promoting institution", in the person of the Rector, Prof. Alberto Carotenuto, born in Napoli on 1 June 1957

DATA OF THE AGREEMENT

Internship and Career Orientation Agreement   Yes   No
Integration and reintegration into the work of unemployed, redundant workers CIG and CIGS and mobility schemes Agreement   Yes   No

TRAINEE

Surname _____

Name _____

Born in _____on _____

Tax code |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

EU Citizenship

_____

Non-EU. Citizenship _____

Residence permit [1] no. _____ issued by _____

on _____

Permanent Address Street _____

ZIP code _____City _____

Phone_____ Mobile _____

E-Mail _____

Certified electronic mail

_____

less-favoured person ex L. 381/1991   Yes □   No □

person with disability ex L. 68/1999   Yes □   No □

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[1]Please enclose a copy.

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Title of the Degree obtained[2] _____in[3]

_____

Department _____ on _____final

grade _____Student number (9 letters or numbers) |__|__|__|__|__|__|__|__|__|

OBLIGATIONS FOR THE TRAINEE

During the internship the trainee is expected to:

a. undertake the work laid down in his/her "Internship Programme" following the Company Tutor's instructions. The trainee may contact the Company Tutor with any concerns.
b. observe all the hygiene, health and safety regulations in the workplace as well as Hosting Company's general prevention and emergency measures;
c. keep secrecy of all the Organization's matters and not to disclose any confidential business information or data connected with the company's operational and financial conditions, methods of production, etc. Such obligation survives the termination of the Internship agreement;
d. access the company's premises at times and under the conditions provided for in the Internship Programme, complying with the timetable, the regulations and the code of behavior of the working environment;
e. complete a record sheet, drawn up by the Promoting Institution, of his/her activities.

INTERNSHIP DATA

Location where the training takes place:

Street_____ Zip code _____

City _____Area _____

Phone_____ Fax _____

E-Mail _____

Company's area of admittance _____

Duration

Period of training: **months** [4] _____ from _____to _____
timetable:

Monday	from	_____	to	_____	from	_____	to	_____;
Tuesday	from	_____	to	_____	from	_____	to	_____;
Wednesday	from	_____	to	_____	from	_____	to	_____;
Thursday	from	_____	to	_____	from	_____	to	_____;

[2] Please specify the degree course. University graduates may participate in an internship within and no later than twelve months from graduation

[3] Course Title.

[4] "The duration of any internship(s) undertaken by a single intern in any one organization must not exceed six months ", extension including. .Less-favoured person maximum 12 months. Person with disability maximum 24 months

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Friday	from	_____	to	_____	from	_____	to	_____;
Saturday	from	_____	to	_____	from	_____	to	_____;
Sunday	from	_____	to	_____	from	_____	to	_____;

Professional profile related to the internship experience (CP ISTAT 2011 - http://cp2011.istat.it)
_____

Internship learning goals:
_____
_____
_____
_____
_____
_____

Operating methods and learning procedures
_____
_____
_____
_____
_____
_____

Internship contents
_____
_____
_____
_____
_____
_____

Attendance allowance
Euro[5]_____(_____)[6] per month gross; other (please specify)
_____
_____
_____
_____

INSURANCE POLICIES

Insurance policies
o **to be charged to the University**
- Work accidents – (INAIL position number: 3173)
- Civil Liability Cover: - Compagnia Fondiaria SAI Spa – M04022082/12

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[5].amount in figures
[6] amoun in words

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HOSTING COMPANY

Company name:_____

Legal representative

Surname _____ Name _____

Place e Date of birth _____

Registered offices address

Street_____ no _____

Zip code _____ City _____area _____

phone_____ Fax_____

website_____

E-mail _____@_____

Certified electronic mail _____@_____

Operational headquarter

Street_____ no _____

Zip code_____ City _____Area _____

phone_____Fax_____

Postal address

Street_____

no_____ Zip code_____ City _____area _____

V.A.T. number |___|___|___|___|___|___|___|___|___|___|

Tax code. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

- Hosting company's legal nature
  ☐public institution   ☐ private company   ☐association   ☐ professional business

Business Tipology _____
*Cod. ATECO
(http://www.istat.it/it/archivio/17888)_____
*number of employee _____ permanent workers no _____ temporary workers no
_____

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Internship and career orientation ex L. 24 June 1997, n. 196, already in place at the date no
_____

Area of activity _____

Trade or local association affiliation _____

Trade-union representatives in the Company

❒ None ❒ CGIL ❒ CISL ❒ UIL ❒ other (please specify)

Contact person

Surname _____Name_____

Company position _____

Phone _____ Fax _____

E-mail _____@_____

TUTOR

The promoting Institution designs a Tutor who is responsible for the set of the educational activities. He/she has to:

   a. define with the company tutor the Training and Orientation Project specifying the Internship learning goals and the skills to be acquired;
   b. coordinate and manage the Training Programme;
   c. monitor student's attendance and progress by providing on-going feedback in order to completely achieve the Internship learning goals and the requirements of both Hosting Institution and trainee;
   d. acquire information regarding the trainee's experience and its results, with particular reference to a prospective prosecution of the trainee's business relationship with the hosting company, if not a state agency.
   e. on the basis of the information provided by the Hosting company contribute to the editing of the final report.

The Tutor Prof. _____ is committed to confidentiality and security obligations with regard to any information acquired during his/her period of collaboration with the hosting company.
Educational qualification _____
Position _____

viewed and signed _____

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The hosting institution tutor is allowed to supervise up to three trainees. He/she is expected to:
a. facilitate the trainee's integration into the working environment, by coordinating his/her activity, providing technical and operational instructions, and giving advice regarding the trainee's organizational needs or any other business occurring during the period of internship;
b. provide training that supports the achievement of student's learning goals according to the training programme and foster the opportunities of networking and interaction with the company staff;
c. maintain and keep update the related paperwork (attendance log book, training activities diary form, without a validation) throughout the internship period in a responsible manner;
d. certify the regularity of the activities carried out by the trainee;
e. complete a final report or sheet concerning the internship experience and the skills acquired by the trainee.

Tutor appointed by the hosting institution

_____

Educational qualification
_____

Position_____

viewed and signed _____

Privacy Statement (art. 13 del D. Lgs 196/2003)

By signing this deed hereby, under the terms of Article 13 of the legislative decree 30 June 2003, n. 196, you hereby agree both to the processing of personal data and the ones of the Hosting Institution. In compliance with all applicable laws and regulations you declare, under penalty of perjury, that the above is true and correct.

Trainee (viewed and signed) _____
Data

The **hosting institution** (stamp, data and signature)[7]

_____

The **promoting Institution** (stamp, data and signature of its legal representative)[8]

_____

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[7] Signature of its legal representative or his/her proxy
[8] Signature of its legal representative or his/her proxy

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