**host organisation Logo** 

**TRAINING PROJECT**

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| **TRAINEE**  Name Surname  Born in on  Place of residence  Telephone no e-mail address  Three 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:  Level  Written: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐  Spoken: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐  Third foreign Language  Level  Written: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐  Spoken: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ |

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| **HOST ORGANIZATION DETAILS**  Name  Address  VAT no  Field of activity  Website  Training Place: City Address  Contact 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 No  If 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 No  The 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