

host organisation Logo

TRAINING PROJECT

TRAINEE

Name _____ Surname _____

Born in _____ on _____

Place of residence _____

Telephone no _____ e-mail address _____

Three years degree course: _____

Master Degree: _____

First foreign Language:

Level _____

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

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 _____

Traineeship title: _____

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

Number of working hours a week:

Detailed programme of the traineeship:

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

Monitoring planning:

Evaluation planning:

Sending Institution

The Sending Institution will provide an accident insurance to the trainee Yes No

The Sending Institution will provide liability insurance to the trainee Yes No

UNIPOLSAI n.

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 -

Trainee

Host Organisation

Supervisor at the Host Organisation