



UNIVERSITÀ DI PISA

## INTERNSHIP PROJECT

Internship agreement signed on \_\_\_\_\_ by the Department of Biology of Pisa

\_\_\_\_\_ and  
(Host Institution name)

### TRAINEE INFORMATION

First name \_\_\_\_\_ Surname \_\_\_\_\_

Social Security n. \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail: \_\_\_\_\_

Enrolled in \_\_\_\_\_ (for students)

Graduated in \_\_\_\_\_ (for graduates)

### HOST INSTITUTION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: + \_\_\_\_\_ Fax + \_\_\_\_\_

e-mail: \_\_\_\_\_ website: \_\_\_\_\_

### DEPARTMENT TUTOR

Prof. \_\_\_\_\_

Department: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail: \_\_\_\_\_

### HOST INSTITUTION TUTOR

Name: \_\_\_\_\_ Role/Position: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail: \_\_\_\_\_

### INTERNSHIP INFORMATION

Place of the internship: \_\_\_\_\_

Field: \_\_\_\_\_

Period: from \_\_\_\_\_ to \_\_\_\_\_

Total amount of hours : \_\_\_\_\_

Tasks and objectives of the training programme:

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### **INSURANCE POLICIES**

Insurance policy INAIL position number 3140.

Accident insurance provided by the University of Pisa: (Policy Generali Italia S.p.A. n.360177609) and General liability insurance (Policy UnipolSai Assicurazioni S.p.A. n. 131693299);

### **TRAINEE DUTIES**

the intern commits him/her to:

- carry out the duties described in the Training Project;
- attend the hours indicated in the Training project;
- respect all the rules and regulations in use by the Company, including the hygiene, health and safety regulations in the working environment;
- be bound by professional secrecy both during and after his/her internship with regard to data and information about products or processes of the host company that he/she may become aware of during the internship;
- draw up a final report on the activity and take part in all the monitoring activities organized by the University of Pisa

Host Institution Tutor Stamp and  
Signature

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Department Tutor Stamp and  
Signature

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Date \_\_\_\_\_

Trainee Signature

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