



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:

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

Department Tutor Stamp and
Signature

Date _____

Trainee Signature
