**Training and Guidance Internship Program Activity**

**Trainee**

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| **Last name(s)** **First name(s)** |
|  |
| **Date of birth** **Nationality** **Sex [M/F]** |
|  |
| **Matriculation number** |
| **School** **Study cycle** **Field of education** |

**Sending Institution**

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| **University of Florence – Department of …………………..** |
|  |
| **School of Mathematical, Physical and Natural Sciences** **Course** |
|  |
| **Traineeship Office** **Contact person** |
| **e-mail**  **phone** |
|  |
| **Academic Supervisor** |
| **e-mail phone** |

**Host Organization/Enterprise**

|  |
| --- |
| **Name** |
|  |
| **Address** |
|  |
| **Country Website** |
|  |
| **Legal Representative**  **Contact person** |
| **E-mail phone** |
|  |
| **Host Organization Supervisor** |
| **e-mail** **phone** |

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| **Traineeship Program at the Receiving Organization/Enterprise**  Planned period of the mobility: from [month/year] ……………. to [month/year] …………………………………… | |
| Traineeship title: … | Number of hours of traineeship per week: |
| Detailed traineeship Program: | |

**Sending Institution**

**Check only ONE of the boxes**

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| ☐ The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:   * Award …….. .…ECTS credits (or equivalent) * Give a grade based on: Traineeship certificate ☐ Final report ☐ Interview ☐ * Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent) Yes ☐ No ☐ |
| ☐ The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to record the traineership in the trainee’s career after the decision of the course of study |

**Insurance for the trainee**

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| The trainee shall have an appropriate insurance coverage. The basic health insurance is provided by the national health insurance of the student, valid also abroad in the EU, thanks to the European Health Insurance Card. The University of Florence informs its students that the insurance provided by the the European Health Insurance Card or by a private company may not be enough for the country, especially in case of particular medical intervention. The trainee is invited to check the specific conditions for health insurance in the receiving country with the Local Health Authority in charge.  The trainee is covered by the insurance policies subscribed by the University of Florence both for liability and accidents. For further information see the web page https://www.unifi.it/vp-4165- assicurazioni.html. |

**Insurance policies details:**   
- Work accidents insurance - INAIL (in accordance with the D.P.R. 1124/1965 article 1 p. 28 and article 4 p. 5 ).  
- Third party liability insurance RCT/O ID n. 420262484 - Generali Italia SpA

- Accidents insurance ID n° Z085534 con Zurich Insurance plc

In any case, the University of Florence will guarantee continuous insurance coverage with another policy stipulated with a primary insurance company.

**Receiving Organisation/Enterprise**

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| The Receiving Organization/Enterprise will provide financial support to the trainee for the traineeship: Yes ☐ No ☐  If yes, amount (EUR/month): ……….. |
| The Receiving Organization/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐  If yes, please specify: …. |
| The Receiving Organization/Enterprise will provide an accident insurance to the trainee: Yes ☐ No ☐  The accident insurance covers:   * accidents during travels made for traineership purposes * accidents on the way to the traineership location and back |
| The Receiving Organization/Enterprise will provide a liability insurance to the trainee  Yes ☐ No ☐ |
| The Receiving Organization/Enterprise will provide appropriate support and equipment to the trainee. |
| Upon completion of the traineeship, the Organization/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship |

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| **By signing this document, the trainee, the Sending Institution and the Receiving Organization/Enterprise confirm that they approve the Training and Guidance Internship Program Activity and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organization/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.**  **The Receiving Organization/Enterprise would apply all the rules and regulations envisaged in its own about the traineeship.** | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |  |  | *Trainee* |  |  |
| Responsible personat the Sending Institution /Academic Supervisor |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |
| Legal responsible of the Receiving Organisation |  |  |  |  |  |