



**DIPARTIMENTO DI SCIENZE AGRARIE E  
FORESTALI**

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**TRAINING AND ORIENTATION PROJECT**

☐ CURRICULAR TRAINEESHIP

☐ CHOICE TRAINING ACTIVITY (SFA foresees final examination with aptitude)

Name of the trainee \_\_\_\_\_  
born at \_\_\_\_\_ il \_\_\_\_\_  
resident in \_\_\_\_\_  
tax code \_\_\_\_\_  
telephone number and email \_\_\_\_\_  
Student matriculation no. \_\_\_\_\_ of the Degree/Master's Degree course in: \_\_\_\_\_

(tick if disabled person ☐ Yes)

Company \_\_\_\_\_  
Place of training \_\_\_\_\_  
Hours of access to company premises \_\_\_\_\_

Internship period no. hours \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (CFU \_\_\_\_\_)  
Tutor of the department \_\_\_\_\_  
Tutor of the company \_\_\_\_\_

Insurance policies:

Accident at work position no. 40773461 AXA Assicurazioni.

Third party liability position no. RCT no. 64231/65/185314010 UNIPOLSAI company

Objectives and modalities of the traineeship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facilitations provided:

\_\_\_\_\_  
\_\_\_\_\_

Obligations of the trainee

follow the tutors' instructions and refer to them for any organizational or other eventualities;  
comply with confidentiality obligations regarding production processes, products or other company-related information of which he/she becomes aware both during and after the traineeship;  
comply with company regulations and health and safety rules.

Date \_\_\_\_\_

Department tutor's signature \_\_\_\_\_

Signature for the company \_\_\_\_\_

The undersigned \_\_\_\_\_ declares that he/she is not the owner/legal representative of the company and that he/she has no family ties within the second degree with the owner/legal representative of the company/body and with the company guardian

Signature of trainee \_\_\_\_\_