**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 …………………..– Via Santa Marta, nr. 3 – 50139 -Florence Italy** |
|  |
| **School of** **Course** |
|  |
| **Traineeship Office** **Contact person** |
| **e-mail**  **phone** |
|  |
| **Academic Supervisor** |
| **e-mail phone** |

**Host Organization/Enterprise**

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| --- |
| **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 |
| ☐ The traineeship is carried out by a **recent graduate (within 3 years)**  and, upon satisfactory completion of the traineeship, the institution and / or the Host institution/Enterprise undertakes to give him a certificate |

**Accident insurance for the trainee**

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| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organization/Enterprise) Yes ☐ No ☐  The accident insurance covers:   * accidents during travels made for traineership purposes * accidents to the traineership location and back   The Sending Organization/Enterprise will provide a liability insurance to the trainee (if not provided by the Receiving Institution):  Yes ☐ No ☐ |

**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 - (if not provided by the Sending Institution): 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 (if not provided by the Sending Institution):  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 |  |  |  |  |  |
| Supervisorat the Receiving Organisation |  |  |  |  |  |

