Università degli Studi di Messina

DIPARTIMENTO DI SCIENZE MATEMATICHE E INFORMATICHE, SCIENZE FISICHE E SCIENZE DELLA TERRA

Object: REQUEST INTERNSHIP OF TRAINING AND ORIENTATION

(Rif. Convention stipulated on date _____ Log. N. _____)

To Coordinator

The Intern (surname/name) _____ Serial n° _____

Fiscal Code _____ Born in _____

The _____ Based in _____ in Street _____

Phone _____ E-Mail _____

Enrolled in the faculty course of -

In the Academic Year _____ / _____ Year of course ☐ I ☐ II ☐ III ☐ OFF COURSE ☐ IV ☐ V ☐ VI ☐ PART TIME

Enrolled in the Academic Year _____ / _____

REQUEST

Internship's activity at (Host company) _____

Site/s of internship (plant, repart, office) _____

Access to the company's locals (days – from hour to hour) _____ - _____ Company's Tutor _____

Period of internship (hours in total) _____ from _____ to _____

Insurance policies: - Accidents at work position n. Z084787 Group ZURICH;
- Civil responsibility n. 79301441 ALLIANZ S.p.a.;

- Pursuant to L.D. 81/08 and to.10 of decree MURST 363/98 the obligations relating to compliance with workplace safety legislation are the host entity's responsibility.

Goals and modality of internship: _____

_____

_____

_____

_____

Facilitations provided: _____

_____

Intern's Obligations: **1)** Do the activities covered by the internship, established by the promoter and provided by the training and orientation project **2)** Respect the indications of the Company's tutor and Education's tutor and tell them for any organizations needs or other eventualities **3)** Respect confidentiality obligations regarding production processes, products or news related to the company, both during and after the internship **4)** Respect company regulations and regulations about hygiene and safety.

PLACE AND DATE

_____, _____

SIGNATURE OF INTERN

_____

STAMP AND SIGNATURE OF INSTITUTION/HOST COMPANY _____

SIGNATURE OF ACADEMIC TUTOR _____

AUTHORIZED BY COORDINATOR OR HIS DELEGATE _____

N.B. the compilation is OBLIGATORY in all its fields. Incomplete requests will be rejected.

SEND THIS FORM TO: tirocini.mift@unime.it

Department MIFT
Viale F. Stagno d'Alcontres 31
98166 Messina
VAT n. 00724160833
TAX Cod. 80004070837

Direction: +39 090 676 5030
Secretary: +39 090 676 5804
dipartimento.mift@unime.it
dipartimento.mift@pec.unime.it
www.mift.unime.it/en

U. Staff Education
didattica.mift@unime.it