TRAINING AND ORIENTATION PROJECT-DEGREE IN PSYCHOLOGY

(LAUREA TRIENNALE – PROGETTO TIROCINIO *ACCADEMICO ESTERNO*)

(re. Agreement n. ……………. stipulated on ………….…………)

Registration No. …………………………………School……………………………………………………………………….

Bachelor degree in: *Psychological science*

Name of student trainee ……………………………………………………………………………………………………….

born in …………………………………………………………………… on …………………………………………………

full addres……………………………………………………………………………….tel. ………………………………….…

tax code ……………………………………………………….e-mail: ……………………………………………………………

	yes	no
• Disabled……………………………………………………………………………………………………		
• The training course on safety and health measures has been passed on ……………………		

Compulsory training lasting **300 hours**

Hosting enterprise…….

Premises where the training takes place (factory, department, office) – please write full postal address

…….………………………………

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Tel:…………………………………………….Fax:…………………………………….E-mail:……………………………………..

Days and times of attendance at the business organization's premises

…….

Period of training lasting ……..….. months…………. from ………………………….. to …………………………………….

and   from ……………………………to …………………………………......

Tutor (appointed by the promoter - Università degli Studi di Padova)

…….

Tutor (appointed by the business organization)

…….

E-mail ……….

Insurance policies
- Accident on the job managed by **INAIL** [National Institute for Insurance against Industrial Accidents]
- Third-party liability policy Nr. **360846702** provided by **Generali Assicurazioni** insurance company.
- Accidents policy Nr. **360846692** provided by **Generali Assicurazioni**.

Training aims and methods

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Benefits offered

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The trainee undertakes:

- to comply with the recommendations of his/her tutors and report to them on any organizational requirements or other needs;
- not to divulge any confidential information concerning production processes, products, or other information relating to the business organization, both during and after the placement;
- to comply with the regulations of the business organization and with legal requirements concerning hygiene and safety in the workplace.

...., dated …………………………………….

read, approved and signed by the trainee ....

stamped and signed by the hosting organization ....

To be signed by the Career service_____

signed by the promoter (for the University of Padua) ....