

TRAINING AND ORIENTATION PROJECT-DEGREE IN PSYCHOLOGY

(LAUREA MAGISTRALE – PROGETTO TIROCINIO ACCADEMICO ESTERNO)

(re. Agreement n. stipulated on)

Registration No.School.....
Degree in: Master Degree: <i>Cognitive neuroscience and clinical neuropsychology</i>
Name of student trainee
born in on
full address.....tel.
tax codee-mail:

• Triennial Degree in.....	yes	no
• Disabled.....	<input type="checkbox"/>	<input type="checkbox"/>
• 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
Tel:.....Fax:.....E-mail:.....

Days and times of attendance at the business organization's premises
Period of training lasting months..... from to and fromto

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)