



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

## Training and Guidance Internship Program Activity

### Trainee

Last name(s)		First name(s)	
Date of birth	Nationality	Sex [M/F]	
Matriculation number			
School	Study cycle	Field of education	

### Sending Institution

University of Florence – Piazza San Marco 4 – 50121 Florence Italy	
School of	Course
Traineeship Office	Contact person
e-mail	phone
Academic Supervisor	
e-mail	phone

### Host Organization/Enterprise

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**

- ☐ 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 traineeship 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

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 traineeship purposes
- accidents to the traineeship location and back



### Receiving Organisation/Enterprise

The Receiving Organization/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, amount (EUR/month): .....
The Receiving Organization/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify: ....
The Receiving Organization/Enterprise will provide an accident insurance to the trainee - (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>
The accident insurance covers: <ul style="list-style-type: none"><li>- accidents during travels made for traineeship purposes</li><li>- accidents on the way to the traineeship location and back</li></ul>
The Receiving Organization/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>
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

<b>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.</b>					
Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person at the Sending Institution / Academic Supervisor					
Supervisor at the Receiving Organisation					

