



**Attachment no. 1**

**INTERNSHIP PROGRAMME**

Internship

Name of intern: .....  
born in.....on.....  
residing at.....no.....city.....region.....postal code.....  
tel..... e-mail.....@studenti.unipr.it  
Fiscal code.....

**Intern's current position:**

- university student enrolled on the ..... year of the Degree Course/ Second Level Degree Course (delete item not of interest) in....., matriculation no....., at The University of Parma for the ...../.....academic year
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- attending postgraduate course:
  - Master level I .....
  - Master level II .....
  - Specialization school .....
  - Research PhD .....
  - Advanced Course .....at The University of Parma for the ...../..... academic year

Hosting Company: .....

Traineeship base/s (plant/department/office):.....

Hours of access to company premises (daily access hours):.....

Time of traineeship: no. months from ..... to .....

Total hours of traineeship: ..... University credits: .....

University tutor:..... telephone number: .....



Company tutor: .....

Role in company ..... telephone number: .....

Insurance policies:

- accidents at work: AXA ASSICURAZIONI SPA company position no. 403506770
- civil liability: ACE QBE INSURANCE EUROPE LTD –; position no.0600000165

Traineeship terms and objectives:

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.....  
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Any special terms foreseen:

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.....

The intern is obliged:

- to carry out the internship programme agreed between the University and the Company;
- to follow the tutors' indications and refer to them for any organizational need and for all other eventualities;
- to respect the confidentiality code regarding production processes, products or any other news related to the Company heard either during or after the carrying out of the internship;
- to abide by the company regulations and rules concerning hygiene and safety;
- to observe the working hours and internal company behavioural code throughout the duration of the internship, and always to conduct oneself in a respectful manner towards company managers;
- to acknowledge the Company's discretionary power to interrupt, at any moment, in the presence of justified reasons and concomitant written communication to the intern, the internship and access of the intern him/herself to company sites, freeing the Company of all related responsibility;
- to present to the University the final internship evaluation documents foreseen by the Study Course;
- to communicate any reason which determines a variation of the herewith internship programme (extension or interruption of the internship, access hours to the company facilities, company tutor, internship site, etc);
- in case of accident suffered during the internship working hours or travelling hours (accident occurring during the journey from place of residence to corporation/company offices), to report immediately by fax, to no. +39(0)521/904615, sending an account of the incident signed by the intern and the medical certificate released.



**UNIVERSITÀ  
DI PARMA**

Parma, .....  
(date)

University tutor's signature (.....) .....

Internship coordinator's stamp and signature  
University of Parma

The Rector  
Andrei Paolo

.....

Company's stamp and signature

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Internships signature of acknowledgement and acceptance .....