



office

## Operational Project

internship: curricular  voluntary  dissertation  post-graduate

project n.

with ref. to the convention n.  dated

received

trainee

surname  name

born in  on

domiciled in  address  n.

@ (trainee)

personal code  fiscal code

**COURSE**

student of a three-year university course  specify the credits listed in the study plan

student of a specialized university course  specify the credits listed in the study plan

first level (BA BSc) graduate

Second level (MA MSc) graduate

student of a first level master's degree

student of a second level master's degree

student of a research doctorate

research doctor

other

tick if disabled person

YES  NO

firm / institution

Company name

Training premises (plants/departments/offices)

@ (company)

Training tutor

The type and frequency of the training activities need compulsory medical examination:

YES  NO

Training period timetable from  to  from  to

Training period duration n. months  from  to

### Insurance policies:

- **The liability for accidents at work is covered by INAIL:** according to the Presidential Decree n. 156, 09.04.1999.
- **Civil liability** is covered by company **ACE European Group LTD** position n. **ITCANB 18445**

