



Firm / Institution profile

FIRM / INSTITUTION:

Full address: _____

Postal code: _____

E-mail: _____

Website: _____

Tel: _____

Fax: _____

Sector: _____

Product: _____

N° of Employees: _____

N° of Plants: _____

VAT number: _____

Legal Representative: _____

Position held: _____

As the legal representative of the above-mentioned firm/institution, I am available for accepting students/trainees/recent graduates in my firm/institution, and I am searching for people from these faculties:

Faculty

- Agricultural Sciences
- Arts and cultural heritage
- Biotechnology
- Communication and teacher education
- Economic
- Engineering and Architecture
- Law
- Mathematics, computer sciences, multimedia and physics
- Modern languages
- Sports sciences
- Veterinary medicine

REQUIRED SKILLS

Languages Knowledge

- English
- German
- French
- Others _____

Computer Skills

- Word _____
- Excel _____
- Database _____
- Graphic (specify) _____
- Industrial Design (specify) _____
- Simulation software (specify) _____

Specific Skills

Sectors in which trainees will be involved

<input type="checkbox"/> Administrative and Account Management	<input type="checkbox"/> Product	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Technical Area
<input type="checkbox"/> Administrative Department <input type="checkbox"/> Account Department <input type="checkbox"/> Management Control Office	<input type="checkbox"/> Plan <input type="checkbox"/> Maintenance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Depository and Shipment <input type="checkbox"/> Logistics	<input type="checkbox"/> Product New Technologies	<input type="checkbox"/> Product Development Department <input type="checkbox"/> Test Department <input type="checkbox"/> Design Department
<input type="checkbox"/> Sales, Marketing, Events	<input type="checkbox"/> Communication Office	<input type="checkbox"/> Data processing	<input type="checkbox"/> Quality
<input type="checkbox"/> Import Italy-abroad <input type="checkbox"/> Export Italy-abroad <input type="checkbox"/> Marketing	<input type="checkbox"/> Internal Communication <input type="checkbox"/> External Communication	<input type="checkbox"/> hardware <input type="checkbox"/> software	<input type="checkbox"/> Environment <input type="checkbox"/> Security <input type="checkbox"/> Cultural, leisure and sports activities

Operational Centre

Office or Person to contact for the training activity

Name: _____

tel.: _____

e-mail: _____

Contributions for the Trainee (if any)

- meals
- transportation
- other: _____
- scholarships
- refund of expense

I hereby declare that I have not drawn up any conventions of training with University of Udine:
 YES NO

I authorize the University of Udine the data processing of my personal data in accordance with the current Italian Data Protection Law 675/96 and its further changes and integrations, in particular Legislative Decree n. 196/2003 on Privacy Protection Law.
 The data processing of the required personal data is confidential or privileged for the use of the training project.

The data processing may be done by using information or automated medium according to the operations as stated by art. 1 paragraph 2 letter b of the above-mentioned law.

In compliance of art. 13, you have the right to know, to correct and/or to erase your data recorded by University of Udine.
 The responsible of data processing is the Chancellor of the University of Udine.

Date

Sign