

**FACOLTÀ DI BIOSCIENZE E TECNOLOGIE AGRO-ALIMENTARI E AMBIENTALI**  
**FACULTY OF BIOSCIENCE AND TECHNOLOGY FOR FOOD, AGRICULTURE AND**  
**ENVIRONMENT**

**AGREEMENT FOR TRAINING/INTERNSHIP ACTIVITIES**  
(to be filled in in two copies with signatures in original)

Agreement signed on (DD/MM/YY) \_\_\_\_\_

**Insurance Policy**

- Insurance policy against accidents at work in accordance with INAIL regulations
- Insurance policy against accidents: Unipol Assicurazioni n. 51777520, Agency of Teramo
- Third-party liability insurance policy: FONDIARIA ASSICURAZIONI n. 675.506280.42, Agency of Teramo Centro

**Trainee's Personal information**

Family Name(s): .....

Given Name(s): .....

Student Enrollment number: .....

**Company/Organisation/Institute's Information**

Company/Organisation/Institute's Name: .....

Address: .....

Place of the internship (factory/office/area): .....

Other places of activities (if any): .....

Working/internship period time: from (DD/MM/YY) ..... to (DD/MM/YY) .....

Working/internship daily time: from (00:00) ..... to (00:00) .....

Tutor's name at the Company/ Organisation/Institute: .....

**Objectives and Activities of the Internship**

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**Duties of the Trainee/Student during the Internship**

- Complying with the rules of the host Company/Organisation/Institute.
- Preserving the necessary confidentiality of sensitive or reserved information regarding production processes, products and/or any other detail from the Company/Organisation/Institute, both during and after the training period.
- Observing the Company/Organisation/Institute regulations and the rules of hygiene, health and safety in workplaces.

**The Trainee/Student**  
signature .....

**Signatures for Acknowledgment and Acceptance**

**The Tutor at the Host Company/Organisation/Institute**  
*Mr/Ms/Dr* .....  
Signature and Stamp .....

**The Dean of the Faculty**  
*Prof. Enrico Dainese*  
Signature and Stamp .....

Teramo, .....