



**UNIVERSITÀ DEGLI STUDI
DI GENOVA**

TRAINING PROJECT

I.

Name of the trainee:

Field of vocational education:

Sending institution (name, address): University of Genova, Via Bensa, 1 - 16124 Genova (GE) - Italy

Contact person (name, function, e-mail, tel):

Tutor (name, e-mail, tel)

II.

Receiving organisation (name, address):

Company representative (name, function, e-mail, tel):

Planned dates of start and end of the training period: From To

- Detailed programme of the training period:

- Knowledge, skills and competence to be acquired:

Insurance policies:

Accidents in the workplace: MANAGEMENT ON BEHALF OF THE STATE, pursuant to the combined requirements of articles 127 and 190 of Consolidation Act no. 1124/65 and governed by the Italian Ministerial Decree of 10.10.1985;

Civil liability: policy no. 100.5102116.17_of the FONDIARIA-SAI insurance company

THE TRAINEE

Trainee's signature

.....

Date:

THE PROMOTER

University representative's signature

.....

Date:

THE HOST COMPANY

Company representative's signature

.....

Date: