UNIVERSITÀ DEGLI STUDI «G. D'ANNUNZIO»
CHIETI - PESCARA

TRAINING AND GUIDANCE PLAN

Agreement Reference no.*(1)*: ……. made by and between

PROPONENT:

The Master's Degree Course in Food and Health Science

HOST ORGANISATION
(Tick the box corresponding to the legal nature of the Host Organisation and provide the corporate name of the Company or the name of the Organisation)

☐ Company
……..……..

☐ Organisation
…..……..……...

INTERN

……..……..……..……

TRAINING AND GUIDANCE PLAN

(as per Article 2 of Agreement no. _____ of _____)

- **Host Organisation**
  Corporate name: ……..……..... ,
  Productive sector: ……... ,
  registered offices *(place and address)*:.....
  ……. ,
  Tax Code and VAT no.:
  ……..…… ,
  represented by: ……...…….....,
  born on: .....,
  in his/her capacity as: □ Legal representative □Delegate (Ref. delegation dated ……..……..) .

- **Intern**
  surname and name: ..... ,
  born in: ..... ,
  on: .....,
  residing in: .....,
  domiciled at: .....,
  Tax Code: .....,
  Phone: …….……..... ,
  e-mail: ……..... .

  □ three-year degree □ master's degree
  □ master □ specialist school □ PhD □ further training course
  Course year: …… ,
  Course name …….….
  …….. ,
  Department: …… .

- **Internship location(s), duration, objectives, and methods**

  Internship location

  (name): .....,
  (place/address): ….……..…..…,
  period *(from/to)*: ……..…….

  Additional approved locations*(2)*:

  1. at *(name)*: .....,
  (place and address): ……..…,
  period *(from/to)*: …….…….. .

  2. at *(name)*: .....,

(place and address): ……..…,
period *(from/to)*: ……..…….. .

Schedule for access to the internship location(s):
days …….. ,
times ……..….. ,
no. of hours per week: ……. .
Total internship period
Total months: ……. ,
(from/to):
…….……..
...……. .

Corporate on-boarding area or sector: ……..
……..... .
Expected duties: ……...…….....
…….……..
…….……..
……...…… .
Internship objectives and methods:
……..
……..…….
……..…….
……..…….
……..…….
……..…….
…… .

Approved benefits
□ Reimbursement of expenses euros ...…….. □ Board - meal vouchers □ None
□ Scholarship euros …….. □ Lodging □ Other *(please state)*
……
…….…… .

- **Tutors**

University
Academic Tutor: ……..…….,
phone/fax: …….....,
e-mail: …….....

Host Organisation
Corporate Tutor: ……..……..…….....,
phone/fax: …….....,
e-mail: …….....

- **Insurance policies** ***(paid by the University)***
  - Accidents at work: INAIL PAT 090297236 *(3)*, UNIPOLSAI position no. 154207087
  - Civil Liability: CHUBB EUROEAN GROUP position no. ITCASC09280, international extension *(4)*.

- **Intern's obligations**

During the training and guidance internship the intern is required to:

1. carry out the activities envisaged in the Training and Guidance Plan;
2. comply with the regulations concerning hygiene, safety, and health in the workplace;
3. preserve the necessary confidentiality with respect to any data, information, and/or knowledge gained during the internship that relates to the manufacturing processes and/or the products. The confidentiality requirement of this Agreement shall survive the completion of the internship;
4. follow any and all directions that the Promoting Organisation and the Host Organisation may provide through their respective Tutors.

Date, ……..

Intern's signature for acknowledgement and acceptance:

_____

For "G. d'Annunzio" University

Academic Tutor's signature: _____

For Host Organisation

Signature and seal of the Tutor in charge on-site: _____

Document completion notes

(1) The Proponent is to specify the number of the Agreement which the Training and Guidance Plan relates to.

(2) Please fill in if the internship is to be carried out in more than one location.

(3) INAIL PAT related to the University as "Management on behalf of the State".

(4) International extension.