



**TRAINING OR ORIENTATION PROJECT FOR INTERNSHIP REGARDING THE UNDERSIGNED
AGREEMENT BETWEEN THE UNIVERSITY OF STUDY MILANO-BICOCCA**

AND THE

DATED

Name and surname _____

Degree course in _____ at University _____

Of _____ (if different from Bicocca)

ID student _____

Academic year matriculation _____

Born in _____ on _____

Resident at _____

Telephone n°: _____ fiscal code _____

e-mail _____

Company/Organization: _____ telephone: _____

Address: _____ Country _____

Company Tutor : _____

Internship Location (address if different):

Field of internship: experimental and general psychology
 clinical psychology
 developmental psychology
 social and work psychology

Period of internship : I semester II semester

Duration of internship: n° of months _____ from _____ to _____

Insurance Policy

a) accident insurance covered by INAIL on behalf of the State
Harmonie Mutuelle Posizione n° 100.029

b) civil responsibility policy RCT n.75622994 Allianz Assicurazioni Spa

OBJECTIVES AND EXECUTION OF INTERNSHIP

DUTIES OF APPRENTICE

1. to follow the instructions of the tutors and refer to them for organizational needs or any other eventuality;
2. to respect the confidential nature of processes, products or other informations regarding the company within there knowledge, both during and after the term of apprenticeship;
3. to respect the rules of the company and the regulations regarding hygiene and safety;
4. to prepare a report on the work carried out to be submitted to the University.

Milan, _____

Read and accepted by the apprentice

Signature of the Company Tutor
