

**ATTACHMENT 1a**

**UNIVERSITY OF BARI ALDO MORO**

**DEPARTMENT OF BIOSCIENCES, BIOTECHNOLOGIES AND ENVIRONMENT**

**APPLICATION FORM FOR AGREED TRAINEESHIP**

**HAND FILLED APPLICATIONS WILL BE NOT ACCEPTED**

The undersigned (Surname and Name)	
Date and place of Birth	
Current Address	
Permanent Address (if different from above)	
Telephone number	
email	
Enrolled in the Degree Course of	

Having examined:

- the University Degree description
- the Regulation about traineeship at the University of Bari and that on the site [www.biotech.uniba.it](http://www.biotech.uniba.it)

**REQUESTS**

to do the traineeship (*tick the chosen form*)

- at the host Institution/Company \_\_\_\_\_ with an already established agreement
- at the host Institution/Company \_\_\_\_\_ which is in the process of accepting an agreement\*

**\*the proposed agreement must be submitted together with this application**

**STATES**

- that he/she passed, to date, the exams listed on the rear, for a total of ... CFU and that he/she has the following weighted average: ..... /30
- that he/she didn't do another traineeship sponsored by University of Bari
- that he/she is not in a familiar relationship (up to 4<sup>th</sup> degree) with the owner / legal representative / technical director / partner / general partner, or anyone who has powers of representation of the company / host structure
- that he/she has no work relationship with the host institution/company

**INDICATES as TUTOR**

Prof/ Dr	
Tutor's Qualification	
at the Faculty of	
at the University of	
<b>Tutor's Tel/e-mail</b>	
Function in Institution/Company	
<b>Denomination</b> Institution/Company	

Address/ZIP/City	
Tel/Fax/e-mail/www	
C.F./P. IVA	
Number of Employees of Institution/Company*	

\* Not required in case of Public Institution

## TRAINING PROJECT

(Attachment 1 of the Agreement established on \_\_\_\_\_ )

Name of trainee ..... registration n. ....

Birth (place and date) .....

Residence (full address) .....

Tax Code .....

Present professional situation: (mark the appropriate box)

student of high school		university student	
trainee holding high school degree		trainee holding university degree	
student of a professional school		unemployed/mobility program	
no occupation		handicapped	

University degree Bachelor in ..... obtained on .....

Specialized University degree in ..... obtained on.....

University degree Master in ..... obtained on .....

Hosting institution : .....

Place of training: .....

Time of access to training place: from (time) ..... till (time) .....

Training period: (up to 12 months) from .....till .....

Academic Tutor (designed by the proponent): .....

Tutor designed hosting institution:.....

### Insurances:

Working accidents: INAIL posizione n. D.P.R. 1124 del 30.6.1965

Civil liability: insurance policy n. 409967981 - Compagnia di Assicurazioni AXA;

Accident risks: insurance policy n. 409987050 - Compagnia di Assicurazioni AXA;

### **Objectives and organization of the training (Title of the project)**

\_\_\_\_\_

### **Duties of trainee:**

- follow the tutors' directives and refer to them for any need or question
- keep confidential any information concerning the hosting institution
- respect the rules of the hosting institution
- respect the rules concerning hygiene and safety.

Date \_\_\_\_\_

Signature of the trainee, who declares to accept the conditions \_\_\_\_\_

Signature of the Tutor of the host institution \_\_\_\_\_

Signature of the proponent \_\_\_\_\_  
Director of the Department

Signature and stamp of the representative of host institution \_\_\_\_\_

<b>Spazio riservato alla Segreteria didattica del Dipartimento presso il Labo-Biotech</b>	<b>Spazio riservato alla Commissione Tirocini del Consiglio Interclasse di Biotecnologie</b>
Ricevuta il	Ricevuta il
Trasmessa alla Commissione il	Esaminata il
Ritirata/trasmessa al tirocinante il	Trasmessa al Dipartimento il:

