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| **Training And Career Guidance Project** |

Name of Trainee:…………………………..

Date and Place of birth: …………………..…, …………………………..

Resident of ……..………. Fiscal code: ……………….

Current status:

* Upper secondary school student 
* Undergraduate student 
* Graduate student 
* Postgraduate student 
* Vocational /Technical/Trade College student 
* Unemployed (lay-off) / Mobility student 
* Job-seeker 
* Disabled 

Host Employer:…………………………..

Company Supervisor / Mentor …………………..

Intern / Trainee location (plant/department/office): …………………….

Working hours: ………………………………

Duration of placement / traineeship: no. of months: ……… from …….. to ……………

Faculty supervisor (designated by Promoting Institution): USI Career Service

INSURANCE POLICIES (not to be paid by the Promoting Institution):

* Any risks of accident arising from the traineeship or work experience carried out in the terms set out in this Agreement, are covered by the insurance policy signed with [Company] ………… ……… insurance policy no. ……… ……….. taken out by the Intern/trainee ………… ……….. under status ……… …… .
* Any third-party cover/liability insurance for the period of the traineeship or work experience undertaken according to the terms set out in this Agreement is guaranteed by insurance policy no. ……… … taken out by the Intern/Trainee ……… ……….. with [Company] ………… ………

Objectives; terms and conditions of internship:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Expected perks:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Duties and responsibilities of the Intern / Trainee:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed and dated: ..........................., ......................

Signed by the representative of Promoting Institution:

 ................................................

 The General Secretary: Albino Zgraggen

Signed by the representative of Host Employer:

 ................................................
 (Name of Representative)

Signed by the Trainee / Intern

having read the Agreement and fully accepting its terms and conditions:

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