

# UNIVERSITA' DEGLI STUDI DI PADOVA

## TRAINING AND ORIENTATION PROJECT

(re. Agreement n. .... stipulated on .....) )

Registration trainee	Department	of medicine
Course study		
born in		on
full address		tel
	e-mail:	.

### Present situation (tick the appropriate box)

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
| • University Student                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attending a post-University diploma course | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attending a post-graduate course           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Unemployed/ awaiting reallocation          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Student on professional training           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Not occupied                               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Graduated in.....                          | <input type="checkbox"/> | <input type="checkbox"/> |

Hosting enterprise

Premises where the training takes place (factory, department, office) – please write full postal address

**PADOVA UNIVERSITY HOSPITAL**  
**DEPARTMENT WARD OF .....**  
**VIA GIUSTINIANI, 2**  
**35128 PADOVA PD**

Hours of attendance at the business organization's premises

**Period of training lasting ..... weeks**  
**from.....to.....**

**Supervisor from the HOSTING ENTERPRISE**

Insurance policies

- Accident on the job managed by **INAIL** [National Institute for Insurance against Industrial Accidents]
- Third-party liability policy Nr. 320268837 provided by **Generali Assicurazioni** insurance company.
- Accidents policy Nr. 320268826 provided by **Generali Assicurazioni**. Please note that this policy is valid **just** for regular students. Graduates that would like to take advantage of it should pay € 8,50.

Tick the box: YES  (enclose the original payment receipt) NO

Training aims and methods

1. -
2. -
3. -

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The trainee undertakes:

- to comply with the recommendations of his/her tutors and report to them on any organizational requirements or other needs;
- not to divulge any confidential information concerning production processes, products, or other information relating to the business organization, both during and after the placement;
- to comply with the regulations of the business organization and with legal requirements concerning hygiene and safety in the workplace.

Padova.....on .....

read, approved and signed by the trainee .....

signed by the hosting organization .....