UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

Project for the implementation of training activities within the University Course Medicina Veterinaria e Produzioni Animali (Veterinary Medicine and Animal Production) regarding the Agreement signed on _____ *(date)* between the University of Naples Federico II and

_____ _____

INTERN

Name and Surname_____ Student ID number _____

email_____@_____

INTERN'S CURRENT CAREER STAGE

As of Academic Year _____ / _____ , **STUDENT** [1] enrolled on _____ year of course,

Course _____

Department of Veterinary Medicine and Animal Production

HOSTING ORGANIZATION

Business Name

Registered Office

Internship Site (**if different from Registered Office**)

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email _____@_____

TUTORS

COMPANY TUTOR
Name and Surname

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email_____@_____

UNIVERSITY TUTOR
Name and Surname

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email_____@_____

[1] **Students of:** courses of study, Ph.D., Master's Degrees, Graduate Schools.

INTERNSHIP ACTIVITIES

OBJECTIVES AND METHODS OF THE INTERNSHIP:

_____

_____

_____

Duration: from _____ to _____ hours _____
(dd/mm/yyyy) (dd/mm/yyyy)

Number of ECTS Credits _____

SUPPORT AND INCENTIVES PROVIDED:

_____

_____

INSURANCE

Occupational Health and Safety INAIL On behalf of the State T.U. n. 1124/1965
Polizza di Assicurazione Infortuni UnipolSAI Assicurazioni S.P.A n. 77.174795019
Polizza di Assicurazione RCT – RCO UnipolSAI Assicurazioni S.P.A n. 65.174794917

INTERN'S DUTIES:

1) **Follow tutors' instructions and refer to them for any type of query or organizational need.**
2) **Comply with rules on hygiene, safety and health at work, as well as with the prevention and emergency measures adopted by the host organization and all that is mandated by the Host Organization or the Promoter Organization pursuant to art. 3 of the Convention implementing Legislative Decree n. 81/2008;**
3) **maintain the necessary confidentiality with regard to any data, information or knowledge about production processes and products acquired during the course of practical teaching activities. The confidentiality obligation extends beyond the duration of the internship.**

Regulation (EU) 2016/679 of the European Parliament on the protection of natural persons with regard to the processing of personal data

The data collected with this form are processed for the purposes of the procedure for which they are released and will be used exclusively for that purpose and in any case, within the institutional activities of the University of Naples Federico II. The interested party is entitled to the rights referred to in Articles. 15-22 of the EU Regulation.
The data controller is the University, in the persons of the Rector and the General Manager, in relation to specific responsibilities. To contact the Data Controller, please send an email to the following address: ateneo@pec.unina.it; or write to the Data Protection Officer: rpd@unina.it; PEC: rpd@pec.unina.it.
For any further enquiry regarding this procedure, please contact the Ufficio Tirocini Studenti: tirocini.studenti@unina.it; PEC: tirocini.studenti@pec.unina.it
The complete information relating to the processing of personal data collected are reported on the site of the university: http://www.unina.it/ateneo/statuto-e-normativa/privacy .
TRANSFER TO NON-EU COUNTRIES: Data transfer of personal data collected for the pursuit of curricular internship activities will be carried out towards the non-EU country where a compliance decision has been made with regards to Articles 44 and 45 of EU Regulation 2016/679. If there is no such Where no such adequacy decision exists, the transfer of personal data to a non-EU country will be carried out in accordance with the provisions provided for by Article 46 of the EU Regulation 2016/679.

The following measures may be adopted when carrying out the in-person traineeship activity in the premises of a third party:
- Assessment of the conditions for the spread of infection in the area where the activity is to be carried out;
- Coordination with the host organisation to assess the COVID prevention and protection measures put in place there.

Date .....

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Intern Signature of acceptance and acknowledgement _____

University ([2]) signature and stamp _____

Hosting Organization signature and stamp **([3])**_____

[2] Head of Department, Coordinator of curriculum, or reference professor for interns appointed by Department.
[3] Legal representative or attorney-in-fact.