### TRAINING AND ORIENTATION PROJECT

**Reference Agreement No. ………….. date ……………..**

Name of trainee……………………………………………………………………………..

Born in……………………………………….. date ………………………………………

Address……………………………………………………………………………………..

Postal Address (if different from above)……………………………………………………

Tax code No………………………………………………

**Present Situation** (tick)

Upper Secondary/ Senior High school student

University student

Attending post-diploma course

Attending post-graduate course

Attending vocational training course

Unemployed

Disabled

Hosting Company: ***…………………………………….***

Headquarters: ***…………………………………………………..*** Nation: ***………………………***

Address(es) of workplace (factory/department/office) ***………………………………………….***

***…………………………………………………………………………………………………………………………………………………………………………………………………………***

Opening hours of company offices: ***………………………………………………….***

Training period: months ***………………*** from ***………*** to***…………………….***

Organisational tutor (designated by the *initiating party*): ***………………………………………..***

Academic tutor (designated by the *initiating party*): ***…………………………………………….***

Company tutor (name and covered position): ***……………………………………………………***

**Insurance policies**

Workplace accident insurance coverage is guaranteed by the *initiating party* on behalf of the Italian Government in accordance with the Italian Presidential Decree 9.4.1999 n. 156.

Civil liability: policy No. **xxxxxxxxxxxxx** — Insurance company: **xxxxxxxxxxxxxxxxxxx**

Industrial accidents: policy No. **xxxxxxxxxxxxxxxxx** — Insurance company: **xxxxxxxxxxxxxxxxxxx** [[1]](#footnote-1)

**AIMS OF THE TRAINING PERIOD**

Contents and activities proposed:

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

Facilities (optional)……………………………………………………..

During the period with the company the participant is required to:

* follow the tutors’ guidance and refer to them for any need related to organisation;
* maintain a high degree of confidentiality about the production processes, products and any other information acquired either in the course of, or following, the training period;
* respect the company’s health and safety regulations in the work place;
* inform — in writing and with ample notice — both the *initiating party* and the *hosting party* in case of early withdrawal from the work placement project.

**Privacy policy**

The Parties undertake to the other to process personal data that they may gain knowledge of during the performance of this deed in accordance with the principles of fairness, lawfulness and transparency pursuant to EU Regulations no. 679/2016 (hereafter referred to as the “Regulations”), and Leg. Decree 196/2003, as last amended by Leg. Decree 101/2018.

In particular, they ensure compliance with the safeguards afforded to the stakeholders, by adopting suitable technical and organisational measures.

In addition, the Parties undertake to provide reciprocal assistance with regard to:

- any request made by the stakeholders pursuant to Arts. 15-22 of the Regulations;

- any procedures for assessing the impact of the processing and applied pursuant to Art. 35 of the Regulations;

- any request for cooperation made by the supervisory authority pursuant to Art. 31 of the Regulations.

In the event that the data processing carried out during the performance of this deed provides for the transferring of data to third countries, the transferring party will be responsible for informing the other party, as well as ensuring that data is transferred in accordance with the terms set forth by Arts. 44-49 of the Regulations.

Modena/Reggio Emilia, …………………………..

Signature of participant

……………………………………………………………

Signature and stamp on behalf of the company,

……………………………………………………………

Signature on behalf of the initiating party

…………………………………………………………

1. **Graduate trainees** are **not automatically covered** by the *initiating party*’s “cumulative workplace accident insurance policy”, but they can submit an optional application form [↑](#footnote-ref-1)