**UNIVERSITA' DEGLI STUDI di CAGLIARI**

**Stage Learning Project**

(Rif. Conv. del XX/XX/XXXX)

 **STAGER**

Name: ……………………………………………………………………………………………………………………….………

Birth place and date: ………………………………………………………………………….………………………….

Tax Code : ………………………………………………………………………………………………………………….

Hometown : …………………………………………………………………………………………………………………

Address : …………………………………………………………………………………………………………………

Phone : ………………………………………

Disabled : YES/NO

School of: Engineering - Chemical Engineering Program

Study status : …………………………………………………………………

Student code : ....... ………………………………………..................

**STAGE**

Host Company:…………………………………………………………………………………………………

Place of work: …………………………………………………………………………………………………

Stage duration : …………………

Start/End date of the stage: …………………

Daily starting hour : …………………

**University Referee** : …………………………………………………………

**Company Referee** : …………………………………………………………

**INSURANCE**:

 Inail (infortuni) "Gestione per conto dello Stato" (ex artt. 127 e 190 del T. U. n° 1124/65 e D. M. 10/10/1985)

 Resp. Civile polizza n. 1/2430/65/132085060 e Infortuni cumulativa polizza n. /2430/77/132085069, compagnia assicurativa Unipol SAI assicurazioni.

**AIMS and METHODS of the stage:**

(short description)……………………………………………………………………………………………………………………………..……

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**STAGER DUTIES:**

□ to follow the instructions given by the tutors and to refer to them for any problem;

□ to observe his/her duties in matter of non-disclosure about production processes, products or other information about the company that he/she could acquire during or after the stage;

□ to respect the rules of the company for what concerns safety and health prevention.

Cagliari, ,

 Place and date

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Signature of the stager

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Signature of the University Referee

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Stamp and Signature of the Company Responsible