LUISS

(Ref. Agreement n. **PO/___ /___ POS/25** stipulate in date ____/____/_____ by the University)

Internship Project Form for Graduates (by the Employer)

<u>Employer Details</u>

Host Company:

Business Name:

Internship Location:

NACE (Europe): /

Industries Type of (e.g NAICS)/Code/Country:

VAT Number/Tax Code:

Website:

Legal Representative (First and Last Name):

Phone/Fax:

Email Address:

<u>Intern's details</u>

Name:

Last Name:

Place and Date of Birth:

Mailing Address:

Home Address (if different from mailing address):

Tax Code:

Department and Degree Program Name:

Graduation date:

Email:

LUISS

Phone/Mobile:

Internship details:

Internship Location:

Timetable to access to company premises:

Length and duration of the internship (start and end date): from ___/___/____ to ___/___/____

For a total of months (maximum 6):

Total hours of the internship:

Supervisor: Elena Sciarretta esciarretta@luiss.it – Head of Career Service

Insurance policies:

- Civil liability coverage with Unipolsai Company n.1/39178/65/150054304

- Accident insurance with UNIPOLSAI N. 150055537/2

Facilitation (if any):

Expenses refund: Yes   No   (if yes, specify) _____

Luncheon voucher: Yes   No   (if yes, specify) _____

Other: Yes   No   (if yes, specify) _____

Detaits of Employer Supervisor:

Name:

Last Name:

Job Title:

Tax Code:

Email Address:

Phone/Mobile:

LUISS

Learning objectives and internship description:

Competencies to acquire:

The intern's duties

Follow the instructions of the supervisor and refer to them for any organizational or other need;

Respect the confidentiality requirements about production process, products or other information about

the Employer of which he has knowledge, both during and after the training period;

Comply with Employer regulations and rules on hygiene and safety.

LUISS

Tools used to identify the interns:

o   Spontaneous application on Employer website

o   Luiss Career Services Office Contact

o   Other Luiss contact

o   Other (Specify) _____

Intern's signature   **Stamp and signature of Luiss Guido Carli**

                                                                              General Manager

                                                                              Giovanni Lo Storto

_____

Stamp and signature of the Host Company   _____

_____

                                                                              Rome, ___/___/__