## vert_pantone_istituzionale-

## Progetto formativo e di orientamento

**□ CON attribuzione di CFU**

**□ SENZA attribuzione di CFU**

**Nominativo dello stagista (cognome e nome):**

**Nata a** **il**

**residente in** – **Prov.**

**Codice Fiscale**

**Attuale condizione (barrare la casella)**

|  |  |
| --- | --- |
| Universitario | x |
| Post – laurea |  |

**(barrare se trattasi di soggetto portatore di handicap)** si  no X

**Azienda ospitante:**

**Sede dello stage (stabilimento/reparto/ufficio)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_ Città \_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. \_\_\_\_CAP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tempi di accesso ai locali aziendali:** dal \_\_\_\_\_ al \_\_\_\_\_ dalle ore \_\_\_\_ alle ore \_\_\_\_

**Periodo dello stage**: dal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ al \_\_\_\_\_\_\_\_\_\_\_\_\_

**Durata dello stage in ore** \_\_\_\_\_\_\_\_\_\_

**N. ore giornaliere** \_\_\_\_\_\_\_\_\_

**Orario** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutor universitario**

**Tutor aziendale** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; indirizzo e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referente operativo**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Polizze assicurative (a cura dell’Università della Valle d'Aosta - Université de la Vallée d'Aoste)**

* infortuni sul lavoro INAIL posizione n. 90638533 c.c. 98
* Responsabilità civile posizione n. 0600000191 compagnia QBE EUROPE;
* Polizza Infortuni istituzionale n. 01400531000397 compagnia CATTOLICA ASSICURAZIONI

**Caratteristiche dell’azienda** (ramo di attività, dimensioni, ecc.)

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**Settore aziendale individuato per lo stage e ruolo o figura professionale di riferimento**

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**Compiti e attività individuate**

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**Obiettivi e modalità dello stage** **/tirocinio** (indicare gli obiettivi formativi e le competenze da sviluppare)

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**Modalità di affiancamento previste** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facilitazioni previste**

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**Adempimenti particolari e** **Note**

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\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (data)

Firma per presa visione ed accettazione dello stagista \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma per il soggetto promotore (tutor universitario) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma per il soggetto ospitante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_