



# Università di Genova

## TRAINING PROJECT

I.

Name of the trainee:

Field of vocational education: Robotics Engineering

Sending institution (name, address): University of Genova, via Balbi 5, 16126, Genoa, Italy

Contact person (name, function, e-mail, tel): Laura Tropiano, Administrative Officer [tirocini.ingegneria@politecnica.unige.it](mailto:tirocini.ingegneria@politecnica.unige.it),  
+39 01033 56559

Academic Tutor (name, e-mail, tel): Professor Fulvio MASTROGIOVANNI  
[fulvio.mastrogiovanni@unige.it](mailto:fulvio.mastrogiovanni@unige.it), +39 010 3532324

II.

Host company:

Training Tutor (name, e-mail, phone):

Planned dates of start and end of the training period: from \_\_\_\_\_ to \_\_\_\_\_

Possible period of interruption: from \_\_\_\_\_ to \_\_\_\_\_

Training Schedule: from \_\_\_\_\_ to \_\_\_\_\_ / from \_\_\_\_\_ to \_\_\_\_\_

- Detailed programme of the training period:

- Knowledge, skills and competence to be acquired:

- Expected facilities:

Insurance policies:

Accidents in the workplace: MANAGEMENT ON BEHALF OF THE STATE, pursuant to the combined requirements of articles 127 and 190 of Consolidation Act no. 1124/65 and governed by the Italian Ministerial Decree of 10.10.1985;

Civil liability: policy no.151189675 UNIPOL-SAI SpA insurance company

**THE TRAINEE**

Signature

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Date: .....

**THE SENDING INSTITUTION**

Signature and stamp

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Date: .....

**THE HOST COMPANY**

Signature and stamp

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Date: .....