

LUISS



(Ref. Agreement n. **PO**/\_\_\_/\_\_\_ **POS/25** stipulate in date \_\_\_/\_\_\_/\_\_\_ by the University)

### **Internship Project Form for Graduates (by the Employer)**

#### **Employer Details**

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:

#### **Intern's details**

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](mailto: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) \_\_\_\_\_

**Details of Employer Supervisor:**

Name:

Last Name:

Job Title:

Tax Code:

Email Address:

Phone/Mobile:



**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:**

- Spontaneous application on Employer website
- Luiss Career Services Office Contact
- Other Luiss contact
- Other (Specify) \_\_\_\_\_

**Intern's signature**

\_\_\_\_\_

**Stamp and signature of the Host Company**

\_\_\_\_\_

**Stamp and signature of Luiss Guido Carli**

**General Manager**

**Rita Paola Maria Carisano**

\_\_\_\_\_

\_\_\_\_\_

Rome, \_\_/\_\_/\_\_