

		graduate training activities regarding the the University of Naples Federico II and
	INTERN	
Name and Surname		
Phone	email	@
	INTERN'S CURRENT	CAREER STAGE
<ul> <li>Graduate:</li> <li>Degree type/name</li> <li>Postgraduate degree in</li> </ul>	n Psychology	
- Postgraduate degree	in Psychology	
Earned on	at the University	of
	HOSTING ORGA	ANIZATION
Business Name		
-		Organizational branch)
Phone	email	@
Field of internship:		
<ul> <li>Clinical Psycholog</li> <li>General Psycholog</li> <li>Social Psychology</li> <li>Developmental Psy</li> </ul>	y	
	TUTORS	
COMPANY TUTOR Name and Surname		
	st, license number	)
(Registered Psychologia		
	email	@
PhoneUNIVERSITY TUTOR		@

## **OBJECTIVES AND METHODS OF THE INTERNSHIP:**

Training activities falling within the scope of the standard competences established for accessing the professional practice exam for psychologists as per Law 18<sup>th</sup> February 1989 n. 56, and following regulations

Duration: n. months _12 hours 1000 from to
Access hours to company premises: from to

## **INTERN'S DUTIES:**

1) Follow tutors' instructions and refer to them for any type of query or organizational need.

2) Comply with rules on hygiene, safety and health at work, as well as with the prevention and emergency measures adopted by the host organization and all that is mandated by the Host Organization or the Promoter Organization pursuant to art. 3 of the Convention implementing Legislative Decree n. 81/2008;

3) maintain the necessary confidentiality with regard to any data, information or knowledge about production processes and products acquired during the course of practical teaching activities. The confidentiality obligation extends beyond the duration of the internship.;

4) Attend the company/institution within the hours and in the way specified in the agreed internship project.

6) As a prerequisite for performing the activities of the internship, the intern will have to subscribe an insurance policy for Civil Liability and Occupational Health and Safety at their expense and following the indications of the Hosting Organization. A hard copy of the insurance policy must be attached to this Training Project form.

## Regulation (EU) 2016/679 of the European Parliament on the protection of natural persons with regard to the processing of personal data.

The data collected with this form are processed for the purposes of the procedure for which they are released and will be used exclusively for that purpose and in any case, within the institutional activities of the University of Naples Federico II. The interested party is entitled to the rights referred to in Articles. 15-22 of the EU Regulation.

The data controller is the University, in the persons of the Rector and the General Manager, in relation to specific responsibilities. To contact the Data Controller, please send an email to the following address: ateneo@pec.unina.it; or write to the Data Protection Officer: rdp@unina.it; PEC : rdp@pec.unina.it.

The complete information relating to the processing of personal data collected are reported on the site of the university: http://www.unina.it/ateneo/statuto-e-normativa/privacy ..

Date .....

Intern Signature of acceptance and acknowledgement

University signature and stamp \_\_\_\_\_

Hosting Organization signature and stamp