



# UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

## Individual training program

In accordance with the training and career guidance agreement between **Università degli Studi di Napoli Federico II** and \_\_\_\_\_

Signed on (dd/mm/yyyy) \_\_\_\_\_

### THE TRAINEE

Name \_\_\_\_\_ Surname \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Tax code \_\_\_\_\_ Phone no \_\_\_\_\_

Mobile no. \_\_\_\_\_ E-mail \_\_\_\_\_

Master degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

Name of awarding institution \_\_\_\_\_

### HOSTING ORGANIZATION

Name of company or institution \_\_\_\_\_

Area of activity \_\_\_\_\_

Address of head office \_\_\_\_\_

Address of location of training activity (if different from the address above)

Phone no \_\_\_\_\_ FAX no \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

Training area:

- General Psychology
- Clinical Psychology
- Social Psychology
- Developmental Psychology

### SUPERVISORS

SUPERVISOR appointed by the **Hosting Organization**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Membership number and year of registration with a representative body for psychologists \_\_\_\_\_

Phone no \_\_\_\_\_ fax no \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

**SUPERVISOR appointed by the University**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Phone no \_\_\_\_\_ fax no \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

**TRAINING ACTIVITY**

The purpose of training activities is to provide graduated students with the skills required to be eligible for the qualifying examination ("Esame di Stato") to practice as psychologists, in accordance with law no. 56., February 1989, and further regulations.

Objectives and assigned tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference period: from (dd/mm/yy) \_\_\_\_\_ to (dd/mm/yy) \_\_\_\_\_

Daily training schedule: from \_\_\_\_\_ to \_\_\_\_\_

**TRAINEE'S RESPONSABILITIES**

- a) following the general and organizational provisions of the Hosting Organization;
- b) carrying out the activities specified in the individual training project and performing assigned tasks;
- c) complying with current regulations and company policy concerning matters of health and safety in the workplace and all the requirements from the Hosting Organization;
- d) not disclosing any confidential data, information or expertise acquired in the course of training activity and after;
- e) carrying out activities according to the timetable and in the manner established in the training project.

**The Trainee** \_\_\_\_\_ **Date** \_\_\_\_\_

**University's signature and seal** \_\_\_\_\_

**Date** \_\_\_\_\_

**Hosting Organization's signature and seal** \_\_\_\_\_

**Date** \_\_\_\_\_

---