

INDIVIDUAL TRAINING PROJECT PCTO

In the mode of curricular internship

GENERAL INFORMATION

STUDENT INTERN

First Name and Surname		
Born on		
Tax Code:		
Mail		
	<i>Class</i>	<i>Academic studies</i>
Further information		

PROMOTING ENTITY –SCHOOL

Name	ISTITUTO DON BOSCO VILLAGE – FONDAZIONE ATTILIO GIORDANI		
Tax Code:	03046340166		
Address	<i>Street VIA MAC MAHON</i>		<i>Nr 92</i>
	<i>City MILANO</i>		<i>Province MI</i>
	<i>Postal Code 20155</i>	<i>Phone nr 0239214135</i>	
Tutor/Supervisor's Name	CIGOGNANI STEFANO		
Tutor/Supervisor's Phone nr.	0239214135		
Tutor/Supervisor's mail	direttore@donboscovillage.com		

HOSTING ENTITY

Name		
Tax Code/VAT		
Legal Address	Street	Nr
	City	
	Postal Code	
	Province	
Operating Location of the Internship Don't insert it if corresponding to the legal address	Street	Nr
	City	
	Postal Code	
	Province	
Tutor/Supervisor's Name		
Tutor/Supervisor's Phone nr.		
Tutor/Supervisor's mail		

SPECIFIC INFORMATION**REFERENCE AGREEMENT**

Signing date	
Nr. Reference agreement	

HOSTING ENTITY

LEGAL NATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Private entity	Public Administration Entity	Public Entity U.Or.	Company	Professional

NACE CODE (NOMENCLATURE STATISTIQUE DES ACTIVITÉS ÉCONOMIQUES DANS LA COMMUNAUTÉ EUROPÉENNE)		Grado di rischio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Alto	Medio	Basso	
	NR OF HUMAN RESOURCES					
	<input type="checkbox"/>	Sole owner				
	<input type="checkbox"/>	With employees	Nr of employees			
Number of ongoing curricular internships						

INTERN

THE CONDITION OF THE TRAINEE AT THE BEGINNING OF THE INTERNSHIP	
<input type="checkbox"/>	Adolescent or young person regularly enrolled in an educational program at a school institution
EDUCATIONAL BACKGROUND OF THE INTERN. SELECT AN OPTION	
<input type="checkbox"/>	Middle school diploma
<input type="checkbox"/>	Qualification of the IeFP system (three-year duration)
<input type="checkbox"/>	Professional diploma of the IeFP system (four-year duration)

INTERNSHIP MANAGEMENT

TUTOR OF THE PROMOTING ENTITY

Name and Surname	
Fiscal Code	
Phone	
Mail	
Assigned Subject	

TUTOR OF THE HOST ORGANIZATION

Name and Surname	
Fiscal Code	

Phone		
Mail		
Classification. Please select an option		
<input type="checkbox"/>	Business owner or assistants or self-employed professional (individual or associated)	
<input type="checkbox"/>	Employee with a permanent contract	
<input type="checkbox"/>	Employee with a fixed-term contract (duration of at least 12 months)	
<input type="checkbox"/>	With a non-occasional collaboration contract (duration of at least 12 months)	
<input type="checkbox"/>	Worker-member of a cooperative under the provisions of Law 142/2001 (for fixed-term relationships lasting at least 12 months)	
"EXPERIENCES AND PROFESSIONAL SKILLS POSSESSED."		
<i>Provide a concise description of the professional experiences and skills as evidence of suitability for the role of tutor.</i>		
Number of interns assigned at the beginning of this internship	<i>Insert nr.</i>	

MANDATORY INSURANCE GUARANTEES

THIRD-PARTY LIABILITY		
INSURANCE COMPANY		
Policy number		
Accidents covered by INAIL insurance supplement		
INSURANCE COMPANY		
Policy number		

DURATION, OBJECTIVES, AND MODE OF CARRYING OUT THE INTERNSHIP

Duration in hours		
Start date		
End date		
Hourly schedule	<i>Specify the daily schedule and the planned weekly structure. If multiple locations are involved, please specify the coordination among them.</i>	
ANY OTHER VENUES OF EXECUTION		
	<i>Street</i>	<i>Nr</i>

Additional venue information Delete section if not applicable	City	
	Postal Code	
	Province	
Additional venue information Delete section if not applicable or add if necessary	Street	Nr
	City	
	Postal Code	
	Province	

SCOPE(S) OF PLACEMENT

Briefly describe the company context in which the internship will take place (e.g., sector, department, office; a general description of the activities carried out in that context, etc.).

ACTIVITIES SUBJECT TO THE INTERNSHIP

Describe the activities that will be assigned to the intern.

EDUCATIONAL AND ORIENTATION OBJECTIVES

PERSONAL, SOCIAL, AND LEARNING-TO-LEARN COMPETENCE:

Specify

.....

CITIZENSHIP COMPETENCES:

Specify

.....

ENTREPRENEURIAL COMPETENCE:

Specify

.....

CULTURAL AWARENESS AND EXPRESSION COMPETENCE:

Specify

.....

PROFESSIONAL AND CURRICULAR COMPETENCES:

Specify.....

MAIN PROFESSIONAL AREA OF REFERENCE FOR THE INTERNSHIP ACTIVITY

Translation: Use the classification of the Istat Professions Catalog (at least up to the fourth level - categories):
<http://www.istat.it/it/archivio/18132>

TRAINING IN HEALTH AND SAFETY

*If this information is contained in the attachments to the agreement, simply make reference.
 Include what has been agreed upon between the promoting entity and the hosting entity in the Agreement (Article 6) regarding commitments related to information and training for safety and health surveillance.
 Specify the specific risk prevention measures and personal protective devices to be adopted for the students, as well as the distinctive signs to identify them as interns.*

RIGHTS AND DUTIES OF THE INTERN

With the signing of this Training Project, the intern commits to adhering to the following rules:

1. Perform the activities outlined in this individual Training Project and agreed upon with the tutors of the promoting entity and the hosting entity, observing the agreed-upon schedules, respecting the work environment, and coordinating the internship activities with the employer's activities.
2. Adhere to the company regulations and the rules on hygiene, health, and safety in the workplace, ensuring effective participation in the training activities provided in accordance with Legislative Decree 81/08 "Consolidated Text on Health and Safety in the Workplace."
3. Maintain confidentiality during and after the internship regarding data, information, and knowledge related to products, production processes, administrative procedures, and organizational processes acquired during the internship, as well as any other information related to the company, its organization, activities, and programs.
4. Carry out tasks according to the instructions received from the hosting entity's tutor, within the scope of what is specified in this Training Project.
5. Seek verifications and authorizations in case of interactions and relationships with third parties.
6. Attend company premises and use the provided equipment according to the times and methods specified in this Training Project and subsequently provided in coherence with it, always respecting the company rules and practices that will be communicated.

Furthermore, the intern declares to be aware that, according to the aforementioned Agreement:

- In the event of their behavior undermining the objectives of the Training Project, the internship will be terminated.
- The intern is obliged to promptly inform both the school tutor and the company tutor of any impediment to attending the hosting entity and any failure on the part of the hosting entity to comply with the provisions of this document.
- ... (additional content not provided)

TASKS AND RESPONSIBILITIES OF THE TUTORS

Tutor of the Promoting Entity:

- Collaborates with the external tutor to develop the personalized training path subscribed by the involved parties (school, hosting structure, student/individuals exercising parental authority).
- Assists and guides the student in the **PCTO (Pathways for Transversal Skills and Orientation)** and verifies its correct implementation in collaboration with the external tutor.
- Manages relationships with the context in which the **PCTO** experience develops, interacting with the external tutor.
- Monitors activities and addresses any issues that may arise, particularly regarding the health and safety of the student and the alignment of activities with the planned learning objectives.
- Evaluates, communicates, and enhances the achieved objectives and competencies progressively developed by the student.
- Promotes assessment activities on the effectiveness and coherence of the **PCTO**, involving the student.
- Informs relevant school authorities (Headmaster, Departments, Teachers' Council) and updates the Class Council on the progress of the pathways.
- Assists the Headmaster in preparing the evaluation sheet on the structures with which agreements for **PCTO** have been made, highlighting their educational potential and any difficulties encountered in collaboration.

Tutor of the Hosting Entity:

- Collaborates with the internal tutor in the design, organization, and evaluation of the **PCTO** experience.
- Facilitates the student's integration into the operational context, supports and assists them during the **PCTO**.
- Ensures information/training for the student(s) on specific company risks, following internal procedures.
- Plans and organizes activities based on the training project, coordinating with other professional figures in the hosting structure.
- Involves the student in the evaluation process of the **PCTO** experience.
- Provides the school institution with agreed-upon elements to assess the student's activities and the effectiveness of the training process, also updating internship documentation (registers, written communication of any intern's non-compliance, final report with evaluation, etc.).

Shared Responsibilities:

- Preparation of the personalized training path, including safety and health in the workplace. The internal tutor collaborates with the external training tutor to identify activities required by the training project and preventive measures necessary for the student's protection.
- Monitoring of attendance and implementation of the personalized training path.
- Coordination between classroom and workplace learning experiences.
- Preparation of a report on the completed experience and the acquisitions of each student, contributing to the assessment and certification of competencies by the Class Council.
- Verification of the student's compliance with the obligations of each worker as per Article 20 of Legislative Decree 81/2008. Any violation by the student of the obligations referred to in the mentioned norm and training path will be reported by the external training tutor to the internal tutor so that the latter can take necessary actions.

With the signing of this Training Project, the intern, the promoting entity, and the hosting entity mutually acknowledge and declare:

- that this Training Project is an integral part of the aforementioned Agreement;
- that the information contained in this Training Project is provided in accordance with Article 47 of Presidential Decree 28/12/2000, No. 445, and they are aware of the criminal responsibilities that may arise in the case of false declarations or the presentation of a false document containing data that does not correspond to the truth, pursuant to Article 76 of Presidential Decree 28/12/2000, No. 445;

- to express, in accordance with Legislative Decree June 30, 2003, No. 196, consent to the processing, including automated processing, of personal data contained in this Training Project, including their possible communication to specifically authorized third parties, limited to the purposes of the proper management of the internship, by the promoting entity, the hosting entity, and by the Lombardy Region, should it acquire them for control and monitoring purposes, subject to what is established by Article 7 of Legislative Decree June 30, 2003, No. 196.

[City], [Date]

The tutor of the promoting entity	(Name)	(Signature)
The tutor of the hosting entity	(Name)	(Signature)
The intern	(Name)	(Signature)

APPENDIX**[To be used only in the case of a minor intern]**

The undersigned <i>Please enter the name of the signer</i>	
Born in <i>Municipality and any foreign country of birth</i>	
On <i>dd/mm/yyyy</i>	
Residing at <i>Complete street address including house number</i>	
In	
Postal Code	
Province or State	
Domiciled at <i>Complete street address including house number</i>	
In <i>City</i>	
Postal Code	
Province <i>Provincial Code</i>	
Fiscal Code	
Phone <i>facultative</i>	
mail <i>facultative</i>	
As <i>Specify alternatively: father, mother, or other holder of legal representation.</i>	
Of <i>Insert trainee's name</i>	
Aforementioned in the capacity of an intern	
DECLARES	
To have read: <input type="radio"/> the present Individual Training Project, <input type="radio"/> to fully accept what is stated, and in particular, what is indicated in the section 'Intern's Obligations.'"	
To authorize [Insert intern's name] to participate in the internship activities outlined in this Individual Training Project, according to the methods defined therein.	

To assume full responsibility for the following effects of signing the Training Project:

By signing this Training Project, the intern, the promoting entity, and the hosting entity mutually acknowledge and declare:

- that this Training Project is an integral part of the aforementioned Agreement;
- that the information contained in this Training Project is provided in accordance with Article 47 of Legislative Decree No. 445 of December 28, 2000, and they are aware of the criminal liabilities that may arise in the case of false statements or the submission of false documents or documents containing untrue data, as per Article 76 of Legislative Decree No. 445 of December 28, 2000;
- to express, in accordance with Legislative Decree No. 196 of June 30, 2003, consent to the processing, including automated processing, of personal data contained in this Training Project, including their possible communication to specifically authorized third parties, solely for the purpose of the correct management of the internship, by the promoting entity and the hosting entity, and by the Lombardy Region in case they are acquired by it for control and monitoring functions, subject to the provisions of Article 7 of Legislative Decree No. 196 of June 30, 2003.

[Place], [Date]

[Insert the name and surname of the signer]

[signature]