Uff. RAP *Relations with companies and professionals* | School of Design | Politecnico di Milano



**SYNTHESIS REPORT OF THE TRAINING OFFER – OPTIONAL INTERNSHIP**

Please fill the form (in CAPITAL LETTERS) and sed it to ***rap@ceda.polimi.it***



**Company**



**Business name (company/studio/agency):**



**Number employees on a permanent contract:**



**Vat number:**



Area of activity:



Address - Post Code - Town:



Tel - Fax:



E-mail:



**Company tutor**



Name and surname of the tutor:



Position, role in the company:



Tel.cell:



E-mail:



**Student**



*(Fill only if the student has already been selected)*

**Name and surname:**



**Student code:**



E-mail:



Tel.Cell:



Course:



**Training**



**Assigned task(s)**, please specify the thematic area and give a title: *(explain the task in detail)*



Length of the training: *(max 375 hours for compulsory intership* *- max 1 year for optional ones or overall)*



**Start data - end data:**



Working hours, days and schedule:



Address of the training:



Possibility of transfers?: yes or no. *(If yes, where?* *National territory or abroad?)*



Benefits for the student: *(refund of the expenses, meal ticket, final prize (please specify €), grant (please specify in €), lodging, etc.)*



**STAMP AND SIGNATURE OF THE PERSON IN CHARGE OF THE TRAINEE**