

In-house internship consent form

To be filled out by the intern or tutor

I, the undersigned (first name and last name)

University ID number (ID number)

Student of the Degree Programme in (name of the Degree Programme)

Consent to do an in-house internship at (department or institution)

From (start date) to (end date)

Declare that I have read the internship guidelines and have been informed on the insurance cover.

Date

Signature

The intern's tutor (first name and last name) of the (department/institution) authorises the internship.

Date

Signature

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To be filled in by the external host institution

I, the undersigned (first name and last name)

On behalf of the institution (name of the institution)

Confirm that the institution is ready to host the internship of student (first name and last name) starting on (start date) and ending on (end date), according to the schedule and procedure agreed with the University of Modena and Reggio Emilia or relevant Department.

The institution also declares:

- To comply with current COVID-19 regulations;
- To ensure that the intern is provided with the protection equipment required;
- To hold the university harmless of any liability arising from total or partial noncompliance with the regulations.

The institution undertakes to inform the intern on all COVID-19 safety measures in place.

Date

Signature

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To be filled in by the Unimore host department

I, the undersigned (first name and last name)

In charge of the Unimore department (name of the department)

Confirm that the department is ready to host the internship of student (first name and last name) starting on (start date) and ending on (end date), according to the schedule and procedure agreed, in compliance with the University guidelines.

Date

Signature