**TESI DI LAUREA - STIPULA DI ACCORDO TRA L’AZIENDA/ENTE E UNICAM**

(da compilare in formato leggibile, sottoscrivere ed inviare a: stage.ateneo@unicam.it)

L’Università degli Studi di Camerino - UNICAM, con sede legale in Piazza Cavour 19/F, Camerino, CF 81001910439, a tal fine rappresentata dal **Prof. Francesco Nobili**, **Delegato del Rettore per “Stage e Placement”** (D.R.n. 0086669 del 13/12/2023).

Autorizza lo studente \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Matricola\_\_\_\_\_\_\_\_\_\_\_\_\_

Nato/a a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

residente a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

codice fiscale:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Iscritto al Corso di Laurea\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A svolgere lo Stage per l’elaborazione della Tesi di Laurea presso l’azienda**

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situata in Via/piazza\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CAP \_\_\_\_\_\_\_\_\_ Città\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nel periodo dal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ al \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Si specifica che per tutta la durata della sua permanenza in Azienda lo studente risulta iscritto presso l’Università degli Studi di Camerino e in qualità di studente sarà coperto dalle seguenti coperture assicurative, a carico di UNICAM:

* Assicurazione obbligatoria infortuni INAIL - posizione n.3151 Gestione per conto dello Stato.
* Assicurazione responsabilità civile terzi RCT/O n. 410656394, Compagnia assicurativa AXA S.p.A..

L’Azienda, in caso di infortunio occorso durante il periodo di permanenza, si impegna a dare tempestiva comunicazione e descrizione della dinamica dell’evento ad UNICAM, al fine di permettere l’assolvimento degli obblighi previsti dalla normativa vigente.

Per il personale presente nei propri ambienti di lavoro ed equiparato alla definizione di “lavoratore” l’Azienda applica le misure previste dall’art. 2 D.Lgs. 81/2008 e ss.mm.ii..

Lo studente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ si impegna a non divulgare all’esterno conoscenze di carattere riservato acquisite a seguito ed in relazione alla collaborazione oggetto del presente accordo.

L’Azienda non sosterrà alcun eventuale onere finanziario derivante dal presente accordo.

 

Le parti si impegnano reciprocamente a comunicare tempestivamente ogni variazione rispetto a quanto sopra stabilito al seguente indirizzo mail: **stage.ateneo@unicam.it**

Data e firma Azienda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data e firma Docente Unicam - Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegato del Rettore per Stage e Placement

(D.R.n. 0086669 del 13/12/2023)

Prof. Francesco Nobili \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE THESIS - STIPULATION OF AGREEMENT BETWEEN THE COMPANY / BODY AND UNICAM**

(to be completed in legible format, signed and sent to: stage.ateneo@unicam.it )

The University of Camerino - UNICAM, with registered office in Piazza Cavour 19 / F, Camerino, CF 81001910439, represented for this purpose by Prof. Francesco Nobili, Delegate of the Rector for “Internship and Placement” (DRn 0086669 del 13/12/2023).

Authorize the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Matriculation\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tax code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled in the Degree Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To carry out the Internship for the preparation of the Degree Thesis at the company**

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

located in Via / piazza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP code \_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is specified that for the entire duration of his stay in the Company, the student is enrolled at the University of Camerino and as a student he will be covered by the following insurance coverage, paid by UNICAM:

* Compulsory INAIL accident insurance;
* Third party liability insurance (policy n. 3151 RCT / O n. 410656394. Insurance company AXA S.p.A..

The Company, in the event of an accident occurring during the period of stay, undertakes to promptly notify and describe the dynamics of the event to UNICAM, in order to allow the fulfillment of the obligations provided for by current legislation.

For personnel present in their workplaces and equated to the definition of "worker", the Company applies the measures provided for by art. 2 Legislative Decree 81/2008 and subsequent amendments.

 

The student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertakes not to disclose confidential knowledge acquired as a result of and in relation to the collaboration covered by this agreement.

The Company will not bear any financial charges arising from this settlement.

The parties mutually undertake to promptly communicate any changes with respect to the above to the following email address: stage.ateneo@unicam.it

Date and company signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and signature Unicam Professor - Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rector's Delegate for Internships and Placement

(D.R.n. 0086669 del 13/12/2023)

Prof. Francesco Nobili \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_