

SMART WORKING – Request for Curricular Internships

The Company/ Institution _____

requests that the intern's activity

name and surname of the intern _____

unibz matriculation number _____

is carried out in mixed form (smart working and in presence). The working hours correspond to the specifications of the internship project. The internship activity is divided as follows:

_____ days/per week in smart working and

_____ days/per week in presence

or

in smart working from _____ to _____

in presence from _____ to _____

The activity in smart working takes place at the following address (residence/domicile) and is only possible at one place

within the Italian territory: postal area code _____ address _____

city _____ province _____

For the hosting company

Company Tutor/ legal representative

signature

The Intern (Name and Surname) _____

declares

for this purpose of being aware of the penal sanctions in case of false declarations, pursuant to art. 76 of Presidential Decree n. 445/2000:

1. to be in possession of the necessary equipment to ensure a full and efficient internship activity and to ensure telephone availability.
2. To respect the agreements made in the internship project with the company's tutor and to guarantee availability for the entire duration of the internship in Smart Working.

The internship in smart working must take place in accordance with the criteria of suitability and safety and confidentiality, and meet the minimum requirements set out in the general information on health and safety management for workers in

smart working mode. Likewise, it must take place in accordance with the INAIL directive on health and safety at work, pursuant to article 22, paragraph 1 of Law 81/2017.

The intern explains in this regard

to have read the notice of February 26, 2020 on the INAIL website:

☐ **read and accepted.**

The intern also declares to have informed the academic tutor about the completion of the internship in mixed form and that the tutor, in relation to the achievement of the internship objectives, authorizes the implementation of the internship in the mentioned mixed modality (smart working and in presence).

Signature Intern _____

The processing of the personal data contained in this form is authorized based on art. 13 of Legislative Decree 196/2003 and art. 13 GDPR 679/16.

This declaration can be signed by means of a certified digital signature (by both parties).

Where this signature method is not available, the document can be signed with handwritten signature,

in PDF format and accompanied by a copy of a valid signatory identification document.