

**Registro Presenze in Tirocinio**

**Attendance internship register**

ORGANISMO OSPITANTE

HOST ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIROCINANTE

TRAINEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOGGETTO ATTUATORE

PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data inizio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Start date

**Data fine** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 End date

**Ore previste nel progetto formativo**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total number of hours foreseen in the internship project

**Provvedimento di autorizzazione Prot. n° \_\_\_\_\_ del \_\_\_\_\_\_\_\_**

 Authorization reference number

**Provvedimento di Concessione Prot. n° \_\_\_\_\_\_\_\_ del \_\_\_\_\_\_\_\_**

 Granting decision reference number

**Firma del tutor dell’organismo ospitante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of the tutor indicated from the Host organization

**Firma del tirocinante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of the Trainee

**Firma del responsabile del soggetto attuatore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of the Sending organization representative

Si ricorda che il tirocinante, per avere diritto all’indennità di mobilità, deve garantire almeno il 70% delle presenze sul numero totale di ore previste nel progetto di tirocinio.

Please note that the trainee, in order to be entitled to the mobility allowance, must guarantee the achievement of at least 70% attendance on the total amount of hours foreseen by the internship project.

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| STAMP OF THE HOST ORGANISATION |  |  | TIMBRO SOGGETTO ATTUATORE |  |
| **MOUNTH****\_\_\_\_\_\_\_\_\_** | **DATE** | **TOTAL extra WORKING HOURS**  | **FIRMA DEL TIROCINANTE****SIGNATURE OF TRAINEE** E |
| **Totale ore da recuperare \_\_\_\_\_\_\_\_\_\_\_ per il mese di\_\_\_\_\_\_\_\_\_\_\_****Total number of hours to be recovered for the month of** | **1** |  |  |
| **2** |  |  |
| **3** |  |  |
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| **28** |  |  |
| **29** |  |  |
| **30** |  |  |
| **31** |  |  |
| **TOT** |  |  |
| **FIRMA DEL TUTOR****SIGNATURE OF TUTOR** |  |