

**International internships for graduates**  
**Application form for receiving organizations/host organizations**

**Università di Verona – University of Verona**  
Via dell'Artigliere, 8  
37129, Verona  
ITALY  
[placement@ateneo.univr.it](mailto:placement@ateneo.univr.it)

The undersigned \_\_\_\_\_<sup>1</sup>, born in \_\_\_\_\_<sup>2</sup>  
on \_\_\_\_\_<sup>3</sup>, acting as \_\_\_\_\_<sup>4</sup> of the following  
organization:

organization's name: \_\_\_\_\_  
VAT number<sup>5</sup>: \_\_\_\_\_  
registered office address: \_\_\_\_\_  
telephone number: \_\_\_\_\_  
e-mail address: \_\_\_\_\_  
website: \_\_\_\_\_  
business sector: \_\_\_\_\_  
number of permanent employees: \_\_\_\_\_

(hereinafter the "*Organization*"),

**1. declares, in the name of and on behalf of the Organization:**

- (a) that the Organization is willing to act as the receiving organization in connection with international internships for graduates sent by University of Verona (hereinafter the "*University*"), the latter acting as the sending organization/promoter;
- (b) that the Organization is eligible, in accordance with the law of the Country where the above internships (hereinafter the "*Internship(s)*") will take place (hereinafter the "*Internship Country*"), to act in such a Country as the receiving organization in connection to the Internships;

**2. undertakes, in the name of and on behalf of the Organization:**

- (a) to check, before the beginning of each Internship and during the performance thereof, the compliance of the Internship with the relevant law of the Internship Country (The compliance check shall include, but shall not be limited to: the eligibility of the receiving organization, of the sending organization and of the intern; the intern's rights protection; etc)
- (b) to promptly notify in writing the University if the Internship to be initiated or being performed is, or becomes at any time, not compliant with the relevant law of the Internship Country, and to provide the University with all relevant information and cooperation reasonably required in order to deal with such a situation in the intern's best interest;

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<sup>1</sup> First name and family name.

<sup>2</sup> Place and Country of birth.

<sup>3</sup> Day/Month/Year of birth.

<sup>4</sup> The signatory of this form must be the organization's legal representative or another official authorized to act in the name of and on behalf of the organization (please, specify the signatory's position in the organization).

<sup>5</sup> Or equivalent information, where appropriate.

(c) to promptly notify in writing the University of any change affecting the information provided herewith;

**3. specifies the following educational macro-areas of interest:**

Humanities (Please, click for more information)

- Education and Philosophy
- Literature, Arts and Social Service
- Foreign languages and literatures

Science and Engineering (Please, click for more information)

Legal and Economic Sciences (Please, click for more information)

- Economics
- Law

Health and Life Sciences (Please, click for more information)

- Medicine and Surgery
- Sport Sciences

**4. declares** under his/her own responsibility – pursuant to Article 76 of Presidential Decree 28 December 2000, n. 445, and aware that anyone who makes false statements, issues false documents or uses them in the cases referred to in such Presidential Decree, shall be punished in accordance with the Italian Criminal Code and relevant special laws and furthermore, in accordance with Article 75 of such Presidential Decree, shall lose any advantage descending from a provision adopted on the basis of a false statement – that the information provided herewith is true and accurate;

**5. acknowledges** that he/she has been informed that, in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation - GDPR), his/her personal data shall be used and processed only for purposes related to this application and the possible activities to be carried out in connection with the Internships;

**6. encloses herewith:**

(a) a copy of the signatory's ID card (or equivalent document)<sup>6</sup>;

Date: \_\_\_\_\_

Signatory's position in the Organization

\_\_\_\_\_

Signatory's name

\_\_\_\_\_

Signature  
and Organization's stamp (where available)

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<sup>6</sup> Please, provide a copy of each page of the document.