INTERNSHIP OFFICE (Humanities Area)

New Hosting Organization registration guide

Organizations wishing to host UNIBO students as interns, need to register to UNIBO Intersnhip App

https://tirocini.unibo.it/tirocini/welcomeEsterni.htm?siteLanguage=en and complete required fields as follows.





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3. Select Internship agreement and click on Continue



4. Select Normal agreement activation and click on Continue





5. Select the University office you have been in touch with for the startup of the internship and click on Continue

6. Fill out your Organization details and do not forget to complete the required fields for your **website** (please enclose a presentation of your Organization if it hasn't a website and/or it is not working and/or is under construction) and **Continue**

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	2	3	4	(5)	6	7	8	9		
Identification	Purpose	Category	Recipient	Company details	Self-Applications	Contact Person	Resume	Confirmation		
			Ple	Company details ase fill out the following fi	elds					
	Company/Public Body details									
		Type of co	mpany/public body *	Association/Non-profit c	organization, NGO					
				Cooperative company						
				 Legally constituted const 	ortium					
		Legaly constituted partnership								
		Limited liability company								
		Network/agreements								
				Professional company						
		Public body (research institutions excl.)								
				Research institution						
				Sole trader						
University/Higher Education Institute										
Name *										
Description and company activities * (min 50 - max 1000 characters)										
				0 characters entered						
		Company/Publ	lic Body National ID	122480						
		company/Fdb	(e.g. VAT number)	TERMOL						
			-							
			Activity field *							

Company size *	no employees small company (from 1 to 50 employees) medium company (from 51 to 500 employees) large company (for on rore employees)
Company/Public Body address	
State/Province *	
City *	
Town/District	
Address *	
Postcode *	
Company/Public Body contact details	
Phone *	
Fax	
Email*	
	I agree that my email address be used for receiving questionnaires from
Web site	university evaluation agencies
Notes	
Attachment	
	(Max 2Mb)
	stegi ma Nettun his telesionato
	The fields marked with an asterisc" are mandatory
	Back Continue
	1



8. Complete the required fields for Contact person details as follows (mandatory fields are indicated with a *), click on Continue first and on Save afterwards.
 Contact Person: the person who will use the internship app and receive the password to access to it (he/she is entitled to enable other colleagues)
 Administrative contact person: the responsible for relationships and agreements with the University of Bologna (he/she usually belongs to the HR Dpt.)
 Legal representative: the person normally in charge of legal affairs who represents the Host Structure (he/she is entitled to sign he internship agreement)
 The Contact Person and the Administrative contact person can be the same person.

(1)	(2)		(4)	(5)	6	0	(8)	(9)
Identification	Purpose	Category	Recipient	Company details	Self-Applications	Contact Person	Resume	Confirmation
				Contact person details				
		When related to the "	Please Your date and country of birth a 'contact person', these info are necessary to provide contact person', these info are necessary to provide	e fill out the contact person details. re compulsory info for us in respect de a username and a password accor	of the current Italian laws. ding to the law on the protection of perso	anal data; the username		
			When related to the "legal representative", these	e info are necessary to sign the train	ng agreement and the transcript of work.			
			Contact person					
			This is the person who will receive the first account	unt and who can enable other users	of his/her company/public body to log in.			
			First name*					
			Family name*					
			Phone -					
			Mabile	+ 39				
			Email*					
			Position					
			Country.*	Norway				
			Country	Q Yes ∰ No				
			identification number?*					
			Sex*	OM OF				
			Date of birth (dd/mm/yyyy)*	(dd/mm/yyyy)				
			Country of birth*	Norway				
			Administrative contact person					
			This is the second abovell be	contacted for any communication re-	marken the annament			
			Insert Administrative contact nervon*	© Same Contact person				
			and particular contact person	· Insert new				
				Serre as above				
			First name*					
			Family name*					
			Phone*					
			Mabile	1 39				
			Email*					
			Position					
			Country*	Norway	*			
			Do you possess an Italian taxpayer	© Yes ⊕ No				
			identification number?*	OM OF				
			Sex*	[dd/mm/ass/]				
			Date of birth (dd/mm/yyyy)*					

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ALMA	A MATER STUDIORUM UN	niversità di Bologna							
1 Identification	2 Purpose	3 Category	4 Recipient	5 Company details	6 Self-Applications	7 Contact Person	(8) Resume	9 Confirmation	
Thank for your time and patience, your request has been saved successfully Your data have been saved but it's not been possible at the moment to create your personal username and password. You'll be contacted as soon as possible. Print the PDF with the summary of your application Open pdf Return to start page									
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Upon successful completion of the registration procedure, the system will display a **Confirmation** page and your Organization will receive: - an automated confirmation message;

- a further message from the Internship Office with further instructions on how to settle the internship agreement with the University of Bologna, to be finalized before posting internship offers on this web application and/or hosting students as interns.