

TRAINEESHIP RECORD BOOK

Provided to (name and sur	name)			
Born in				
Resident in				
Three years degree course				
Master of Science				
Agreement No	date	_/	_/20	
Host Organisation				
Address				
Traineeship headquarters _				
Tutor				

Date	Number of hours	Signature of the Trainee

Place, Date_/__/

Stamp and Signature of the Host Organisation

HOST ORGANISATION REPORT

Carried out activities		
Achieved goals		
Acquired technical and professional skills		
Acquired soft Skills		
Acquired other Skills (digital/language, etc.)		
Recruitment opportunities within the Host Organisation	Yes	Νο
If the answer is yes, please specify the following: Short term recruitment		
Medium/long term recruitment		
Type of contract:		

Place, Date__/____ Stamp and Signature of the Host Organisation

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TRAINEE SATISFACTION SURVEY

We kindly ask you to express your level of satisfaction by putting an "X" from 5 to 1 (5 is "very important/ high level satisfaction" and 1 is "not important/ low level satisfaction"). This help us to improve the quality of the service offered.

Thank you for your cooperation and suggestions.

Satisfaction	1	2	3	4	5
Placement office of Politecnico di Bari					
Accessibility of the Marketplace training and placement portal					
Staff Helpfulness					
Staff competence					
Host Company					
Overall assessment of traineeship					
Consistency between the goals of the training project and the activities carried out in the host company					
Tutor Helpfulness of the Host company					
Overall assessment					

Suggestions:_____

Place, Date__/___/____

HOST COMPANY SATISFACTION SURVEY

We kindly ask you to express your level of satisfaction by putting an "X" from 5 to 1 (5 is "very important/ high level satisfaction" and 1 is "not important/ low level satisfaction"). This help us improve the quality of the service offered.

Thank you for your cooperation and suggestions.

Satisfaction	1	2	3	4	5
Placement office of Politecnico di Bari					
Relation					
Staff helpfulness					
Staff competence					
Trainee					
Relation with the colleagues					
Team work ability and problem solving					
Adaptability					
Overall assessment					

Suggestions:_____

Place, Date_/__/___