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| Internship at the clinic,Dpt. Olomouc University Hospital: |  | Date: | From: |
| To: |
| Total number of days/hours in the required practice: |  | Required range of lessons: 45min/hod. or 60min/hod.  |
| Name of the school: |  |
| Field of study: |  | Employee FNOLYES NO |
| Surname, name(or title) of the student: |  |
| Date of birth: |  | Citizenship: |  |
| Domicile: |  | ZIP Code: |  |
| Email: |  | Telephone: |  |
| Within the meaning of Act No. 101/2000 Coll., as amended, I agree that Olomouc University Hospital uses the personal data specified above for the purposes of the organisation's educational events. |
| Stamp and signature of head employee | Date and signature of the student |