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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 FNOL  YES 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 | | | | | |