



Addendum to the Agreement on the Provision of a Student Internship

TRAINING AGREEMENT: <i>Individual Agreement</i>				
I. DETAILS OF THE STUDENT				
Name and surname	Jane Doe	E-mail	janedoe@upol.cz	
Subject area	Medicine	Year	4th	
Sending institution	Faculty of Medicine and Dentistry, Palacký University Olomouc			
II. HOSTING INSTITUTION/ORGANISATION				
Legal name	The XY Medical Center			
Address, country	XY Street, City, Country			
III. DETAILS OF THE TRAINING PROGRAMME				
Planned dates of the mobility: from	DD/MM/YYYY	Until	DD/MM/YYYY	
Clinical subjects (number of weeks):				
Subject	Duration	Course guarantor' name	Corresponding course (FMD UP), duration¹	ECTS (FMD UP)
Surgery	4 weeks	Prof. John Doe	CH1/VA012 – Surgery 1, 4 weeks	6
Internal medicine	4 weeks	Assoc. Prof. XY	IN1/VA022 – Internal medicine 2, 4 weeks	5
Infectious Diseases	4 days	Dr. Jane House	INF/VAB11 – Infectious diseases 2, 4 days	4
IV. COMMITMENT OF THE THREE PARTIES				
By signing this document, the student, the sending institution, and the host organisation confirm that they will abide by the principles of the Quality Commitment for student placements set out in the document below (Att. 1).				
The student:				
Student's signature			Date	__/__/__
The sending institution				
We confirm that this proposed training programme agreement is approved. On satisfactory completion of the training programme the institution will award ECTS credits or will record the training period in the Diploma Supplement.				
Coordinator's signature			Date	__/__/__
The host organisation				
We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student.				
Coordinator's signature			Date	__/__/__

¹ Syllabus of the respective subject is an integral part of this training agreement