***AGREEMENT ON COOPERATION***

**Wroclaw Medical University (Uniwersytet Medyczny im. Piastów Śląskich we Wrocławiu) (Poland),** represented by Prof. Piotr Ponikowski, MD, PhD, Rector/Prof. Marzena Dominiak, DMD, PhD, Vice-Rector for University Internationalization of the Wroclaw Medical University

and

## ………………………………

## represented by ………………,

hereinafter referred to as the “Parties”,

entered into the agreement on cooperation with the following:

**Article 1 Cooperation**

The activities carried out under this Agreement shall include the following forms of cooperation:

1. In the field of teaching and exchange of academic staff:

- exchange of experience in teaching methodology and coordination of curricula;

- exchange of academic staff to improve qualifications of university staff (lectures, seminars, academic courses etc.);

- exchange of administrative staff, students and doctoral students (organization of apprenticeships, internships, summer schools etc.).

 2. In the field of exchange of scientific information:

 - organization of joint conferences, symposia, workshops etc.

**Article 2 Organization and financing activities**

1. Undertaking cooperation for the implementation of specific actions requires each time both Parties to conclude a separate agreement that shall refer to this Agreement and such an agreement shall also specify the terms of cooperation, in particular the manner of funding, time and duration of the Parties’ representatives stay.
2. The performance of actions and cooperation between both universities under the Agreement shall be promoted by the following Coordinators appointed by each University:

|  |  |
| --- | --- |
| ***………………………………………*** *[Name and surname of the coordinator]…….* *[Position]……..* *[Faculty/ Institue]……**[phone/email]…….* | ***Uniwersytet Medyczny im. Piastów Śląskich in Wrocław******(Wroclaw Medical University)****Prof. ………….**[Position]*………..*[Faculty/ Institue]……**[phone/email] ………………..* |

1. In case of visits, both institutions shall cooperate on their terms (including the program and duration of each visit) which shall be specified in each case, depending on circumstances at the time.
2. The contracting universities undertake to take necessary steps and to provide mutual support in order to obtain funds for the implementation of the Agreement.
3. The Agreement shall not entail any financial liabilities for the contracting parties.

**Article 3 Conformity**

1. The parties declare and guarantee that they undertake to comply each time, during the term of the Agreement, with all applicable statutory regulations as well as local codes of practice.
2. Health and safety regulations applicable in the host workplace shall apply in accordance with the laws of the host state and institution.
3. The visitors shall be responsible for their own health and personal property insurance.
4. Within the framework of student exchange mobility and the resulting clinical rotations at the Medical University of Wroclaw, the sending university is obliged to inform students about obligatory vaccinations and also committed to review its possession by the student before arrival. The documentary evidence of the required immunization records (i.e. vaccination against hepatitis B, tuberculosis, measles, mumps, rubella) should be sent to the Medical University of Wroclaw before starting the internship.

**Article 4 Periodic Activity Review**

1. The Agreement is concluded for the period of 5 (five) years. At the beginning of the 4th (fourth) year of its validity, the Parties shall evaluate the results of the activities carried out under the Agreement and shall agree whether it is justifiable to continue the Agreement.
2. Either Party shall be entitled to terminate the Agreement with a six month notice.
3. Changes and amendments to the Agreement shall be made only upon a mutual consent of both Parties before its expiration. Proposals for changes in the form of an annex to the Agreement may be submitted by either Party.

**Article 5 Final provisions**

1. The present agreement becomes effective on the day of its signing by authorized persons on behalf of the Parties.
2. This Agreement is drawn up in English in two copies of equal legal force — one for each Party. The Parties agree to solve all disputes and controversies through negotiations.

**Addresses and signatures of the Parties’ representatives:**

…………………………….. …………………………………

 prof. Piotr Ponikowski, MD, PhD

Rector

or

………………………………….

prof. Marzena Dominiak, DMD, PhD

Vice-Rector for University Internationalization

***……………………………………………………* Wroclaw Medical University**

 Wybrzeże L. Pasteura 1,

50-367 Wroclaw

phone: phone: + 48 (71) 784-11-43

fax. fax. + 48 (71) 784-00-33

e-mail: e-mail: ru-m@umed.wroc.pl

www.umed.wroc.pl

place, signed on:….……… place, signed on:……..…….