Appendix
to the Regulation No. 81/XVI R/2023
of the Rector of the Medical University
of 18 May 2023

....
Place and Date

Student Full Name:..

Index No:..

REQUEST (MEDICINE)
to organise the Practical Training independently

I ask for your consent to complete the Practical Training at:

....
Name and Address of the Facility

in accordance with the attached Practical Training programme

Year of studies: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Scope of the Practical Training:

☐ Practical Training in Patient Care
☐ Primary Healthcare (General Practitioner)
☐ Emergency Medical Aid
☐ Internal Diseases
☐ Intensive Care
☐ Surgery
☐ Paediatrics
☐ Gynaecology and Midwifery

Period of the Practical Training: from ……………………………. to ………………………….

Hospital ward/department: ………

At the same time, I agree that Wroclaw Medical University may share my personal information contained in the application to the entity, referred to above, for the purpose of obtaining approval to carry out the internship in accordance with the request to organise the Practical Training independently.

....
Date and Student Signature

Consent of the Facility in which the Practical Training will be conducted:

I give / do not give my consent* to carry out the Practical Training by the student in accordance with the attached Practical Training programme.

....
Student Full Name

Stamp of the Facility	*Date, Stamp, Signature of the Director/Head of the Facility*

The opinion of the University Practical Training Supervisor:

I give /do not give my consent to carry out the Practical Training*

....
Date and the University Practical Training Supervisor Signature

Decision of the Dean in the scope covered by the request:
I give/do not give my consent for the student to carry out the Practical Training*
Justification (in case of the lack of consent)...
....

....
Date and the Dean's Signature

*underline the appropriate option