

**APPLICATION FOR VOLUNTEERING IN THE ACADEMIC YEAR 2020/2021**

Address (unit manager/responsible person):

|  |
| --- |
| First name, last name, function: |

I, the undersigned, request your permission to volunteer in the unit you are directing:

|  |
| --- |
| Name and address of the unit: |

to the extent enabling the acquisition of practical skills in accordance with the profile of the individual and the practical learning outcomes indicated in the applicable educational standards for a given field of study.

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| --- | --- | --- | --- |
| **STUDENT** | | | |
| First name, last name |  | Index |  |
| Faculty |  | | |
| Year of study |  | Semester |  |
| Student’s sign |  | | |

The range of activities performed by the student during his voluntary work corresponds to the practical results of education in the field of **FAMILY MEDICINE (2)**:

|  |  |  |
| --- | --- | --- |
| Number of course education result | Number of major education result | A volunteer/student is able/knows |
| U 01 | E.U1 | conduct a medical interview with an adult patient |
| U 02 | E.U2 | conduct a medical interview with the child and his or her family |
| U 03 | E.U3 | conduct a full and targeted physical examination of an adult patient |
| U 04 | E.U4 | perform a physical examination of the child at any age |
| U 05 | E.U11 | Conduct balance sheet research |
| U 06 | E.U12 | perform a differential diagnosis of the most common diseases of adults and children |
| U 07 | E.U16 | plan diagnostic, therapeutic and prophylactic procedures |
| U 08 | E.U20 | qualify patients for home and hospital treatment |
| U 09 | E.U27 | qualify the patient for vaccination |
| U 10 | E.U32 | plan specialist consultations |
| U 11 | E.U37 | to recognize the patient's agony and determine his or her death |
| U12 | E.U38 | keep medical records of the patient |
| Dean's consent to volunteer | |  |
| Duration of volunteering | | from: 2020 to: 2020 |
| Total number of hours of volunteering | |  |
| Signature and stamp confirming the volunteering | |  |