

.....  
*Place and Date*

Student Full Name:.....

Index No:.....

**REQUEST (MEDICINE)  
to organise the internship independently**

I ask for your consent to complete the internship at:

.....  
**Name and Address of the Facility**

in accordance with the attached internship programme.

Year of studies:             1<sup>st</sup>             2<sup>nd</sup>             3<sup>rd</sup>             4<sup>th</sup>             5<sup>th</sup>

Scope of internship:

- |   |   |
|---|---|
| <input type="checkbox"/> Practical Training in Patient Care | <input type="checkbox"/> Intensive Care Unit        |
| <input type="checkbox"/> General Treatment (GP)             | <input type="checkbox"/> General Surgery            |
| <input type="checkbox"/> Emergency Department               | <input type="checkbox"/> Paediatrics                |
| <input type="checkbox"/> Internal Diseases                  | <input type="checkbox"/> Gynaecology and Obstetrics |

**Period of internship:** 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 internship independently.

.....  
*Date and Student Signature*

**Consent of the Facility in which the internship will be conducted:**

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

.....  
**Student Full Name**

<i>Stamp of the Facility</i>	<i>Date, Stamp, Signature of the Director/Head of the Facility</i>
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**The opinion of the Internship Supervisor:**

I give / do not give my consent to carry out the internship \*

.....  
*Date and the Internship 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 internship\*

**Justification** (in case of the lack of consent).....

.....  
*Date and the Dean's Signature*

\*underline the appropriate option