

**ÚVN**MILITARY UNIVERSITY HOSPITAL
PRAGUE

Request for student practice at ÚVN

TO BE FILLED BY STUDENT:

First name and Surname:	
Date and Place of Birth:	ID Number:
Address:	
Telephone:	e-mail:
School:	
Field of study:	Year of Study:

I request practice at hospital
department/clinic:

from: to: total number of workdays:

Practice contract will be issued to: *fill only in case the general contract does not cover*

Address of the School:	
IČO:	DIČ:
Bank:	Account Nr.:
Representative (name, function):	

- 1) The personal information requested above is necessary for input in the personnel information system and issuing the personal identification cards. By signing below, student confirms that, in compliance with the Protection of Personal Information and Amendment to Certain Acts, he/she was acquainted with the principles for processing the personal data required of him/her and the purpose for which such data will be used.
- 2) I hereby confirm receipt of ÚVN Personal ID Card No..... I have been acquainted with ÚVN Director's Guidelines 7/2014 for the use of personal identification cards and shall adhere to the obligations laid down in these guidelines, in particular to protect the card against damage, destruction or misappropriation by another person.
- 3) At the end of my practice, I will return the card, undamaged and functional, to the respective ÚVN department that issued it. In the event of its loss or destruction, I will pay the price of the card in cash.

Signature:

Date:

TO BE FILLED BY ÚVN / VYPLŇUJE ÚVN:

Souhlas přednosty / primáře:

Pro studenta požaduji vstupní kartu s těmito vstupy:

Jméno školitele přiděleného v ÚVN:

Jméno a podpis přednosty/primáře.....

Datum: