Příloha č. 1

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***ŽÁDOST O POVOLENÍ K VÝJEZDU NA ZAHRANIČNÍ STÁŽ***

***APPLICATION FOR PERMISSION TO GO FOR TRAINEESHIP ABROAD***

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| 1. ***Žadatel /Applicant*** | |
| Příjmení, *Last name* |  |
| Jméno, *First name* |  |
| Adresa, *Address* |  |
| Telefon, *Phone number* |  |
| e-mail, *email address* |  |
| Ročník, *Year* |  |
| Typ studijního programu, *Study programme* |  |
| Studijní obor, *Field of Study* |  |

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| --- | --- |
| 1. ***Zahraniční stáž/Traineeship abroad*** | |
| Účel pobytu, *Purpose of stay* |  |
| Zahraniční pracoviště, *Organization abroad* |  |
| Země, *Country* |  |
| Začátek pobytu od, *Initiation of stay abroad* |  |
| Ukončení pobytu do, *End of stay abroad* |  |

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| 1. ***Návrh studijního programu v zahraničí–Proposed study programme abroad*** | | |
|  | Kód a název předmětu nebo oddělení nemocnice, kde se stáž uskuteční  *Subject title or hospital ward* | Kredity *ECTS credits* |
| 1. …………………………………………………………………………………………………………………………………… 2. ……………………………………………………………………………………………………………………………………   ……to be continued on a separate sheet | | |

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| 1. ***Předměty na 1.LF, které budou nahrazeny studiem v zahraničí***   ***Educational components at 1st FM which will be replaced by the study abroad*** | | | | |
| Kód předmětu *Subject code* | Název předmětu *Subject title* | Kredity *ECTS credits* | Zápočet musí být proveden na 1.LF ANO/NE  *Credit must be earned at 1.LF YES/NO* | Podpis a razítko garanta, *Signature and stamp of guarantee* |
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…………………………………..to be continued on a separate sheet

1. ***Do 30 dní po ukončení stáže musí student dodat na Oddělení pro vědeckou činnost a zahraniční styky traineeship certificate jako potvrzení o stáži. The student must hand over traineeship certificate as confirmation of stay to the Department of science and research and international relations 30 days after the internship has been completed.***

Datum, *Date* …………………………………………………………………………………….

*Podpis studenta/Signature of student…………………………………………………………………..*

**Rozhodnutí proděkana pro zahraniční vztahy/Decision of vice-dean:**

…………………………………………………………………………………………………...

*Datum, Date ………………………….*

*Podpis proděkana/Signature of vice dean ……………………………………………………………..*

 Příloha č. 2

#### **TRAINEESHIP CERTIFICATE**

1. **Name, address and period**

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| **Name of the trainee:**  **Date and place of birth:** |

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| **Name of the receiving organisation:** |

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| **Sector/hospital ward of the receiving organisation:**  **1…..**  **2…..**  **…………** |

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| **Address of the receiving organisation:**  **website: phone/email :** |

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| **Start and end of the traineeship:**  from *[day/month/year]* ………………………… till *[day/month/year]……….*…………… |

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| **II. Detailed programme of the traineeship period:** |

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| **III. Knowledge, skills (intellectual and practical) and competences achieved:** |

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| 1. **Evaluation of the trainee:** |

1. **Name and signature of the responsible person**

**at the receiving organisation:**

Date:

Stamp: