

## AGREEMENT on the implementation of clinical practice by a student

## of the University of Life Sciences in Wroclaw

Faculty of Veterinary Medicine, major in veterinary medicine Full-time studies Year of study: IV / V \*

Concluded on ..... between the Wroclaw University of Environmental and Life

Sciences, represented and acting on the Rector's behalf by Dr hab. Kamila Glińska-Suchocka,

associate prof./dr hab. Marcin Jankowski, associate prof./ dr Jolanta Spużak\* - the

Supervisors of clinical practice,

and Mr./Ms		,	,
		(official job position)	
The representative of		in	
The representative of	(name of the company		(city)
called the Employer,	for the duration of the	ne student's internship	
(student's name and surn	ame)		
for clinical practice p	eriod from	to	., making a total
hours of practice (ma	ax. 160).		
		§ 1	

The agreement concerns unpaid internships.

## § 2

- 1. The scope of the internship is related to the field of study.
- 2. The faculty defines the thematic scope of the internship and appoints an internship supervisor. Practice concerns the principles of veterinarian work (diagnostic and treatment procedure, documentation, knowledge of the law).



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§ 3 The faculty provides the student with basic OHS training.

§4

- 1. A student at the time of practice will:
- 1) be insured,
- 2) have a valid health certificate,
- 3) use their accommodation and meals, or any valuable consideration.

§ 5

The employer organizes the internship and appoints a person responsible for its implementation and conducts OHS training in force in his establishment.  $\S 6$ 

The employer provides the student with the funds necessary to perform the assigned work.

§ 7

After the internship, the employer issues an opinion to the trainee, which will be the basis for passing it.

 $\S~8$  The agreement is concluded for the duration of the internship and is binding on the parties from the date of signing.

§ 9

The agreement may be terminated at the written request of either party.

§ 10

The agreement was drawn up in two identical copies, one for each party.

(signature of the supervisor of clinical practice)

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(signature of the practice employer)