………………………………………………

 (Stamp of the organisational unit of the Medical University of Warsaw)

 Warsaw, date ………………………………

………………………………………………...

 (student’s name and surname)

………………………………………………....

 (student book No. / year of studies)

…………………………………………………

 (contact telephone number)

Dean

of the Faculty of Dental Medicine

APPLICATION

for consent to completing the summer practical training arranged by the student on their own

I apply for consent to my completing the summer practical training with…………………………………..

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

(name and address of the employing institution/ healthcare entity)

on the following dates in accordance with the student practical training plan enclosed with this Application.

I also consent to communicating my personal data such as the name and surname, and

the form and field of study, to:

 (name of the employing institution/ healthcare entity)

 with regard to my practical training.

……………….………………………………………………………

 (student’s signature)

**Opinion of the summer practical training supervisor at the Faculty**

(to be filled in by the supervisor – an employee of the Medical University of Warsaw)

**I consent** to completing the practical training / **I do not consent** to completing the practical training.

Reasons (in case of refusal)....................................................................................................................................

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

Warsaw,……………………………………………………

 (date, name, surname and signature of the practical training supervisor)