

**APPLICATION FOR VOLUNTEERING IN THE ACADEMIC YEAR 2020/2021**

Address (unit manager/responsible person):

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| --- |
| First name, last name, function: |

I, the undersigned, request your permission to volunteer in the unit you are directing:

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| --- |
| Name and address of the unit: |

to the extent enabling the acquisition of practical skills in accordance with the profile of the individual and the practical learning outcomes indicated in the applicable educational standards for a given field of study.

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| **STUDENT** |
| First name, last name |  | Index nb. |  |
| Faculty |  |
| Year of study |  | Semester |  |
| Student’s sign |  |

Annex 1.

The range of activities performed by the student during his voluntary work corresponds to the practical results of education in the field of …………………… (subject) (the table must be filled in on the basis of the appropriate syllabus):

An example of how to fill in the table:

|  |  |  |
| --- | --- | --- |
| Number of the subject training result | Number of the coursework | A volunteer/student is able |
| U 01 | F.U1 | assists with a typical surgical procedure, prepares the surgical field and anesthetizes the surgical area locally |

|  |  |  |
| --- | --- | --- |
| Number of the subject training result | Number of the coursework | A volunteer/student is able |
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| Dean's consent to volunteer |  |
| Duration of volunteering | from: 2020 to: 2020 |
| Total number of hours of volunteering |  |
| Signature and stamp confirming the volunteering |  |