Appendix No. 2. to the application for permission to volunteer in the academic year 2020/2021 (ZR 241/X VI/2020)

Subject's stamp Town and date........................................

**Certificate**

Student .....................................................................................................................................................

(*First and last name*)

performed activities within the framework of tasks performed in the entity in connection with SARS-CoV-2 virus infections, within the deadline ..............................................................................

Number of hours worked:...........................................

The nature of the practical activities performed was consistent with the learning outcomes provided for in the study programme of ................................................... year of studies ............................ conducted at the Piastów Śląski Medical University in Wrocław.

List of effects: Appendix no. 1

Name and surname, and signature of the person on behalf of the entity confirming the realization of activities according to the learning outcomes