

**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:

|  |
| --- |
| 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 |  |
| Faculty |  | | |
| Year of study |  | Semester |  |
| Student’s sign |  | | |

The range of activities performed by the student during his voluntary work corresponds to the practical results of education in the field of **GYNECOLOGY &OBSTETRICS**:

|  |  |  |
| --- | --- | --- |
| Number of course education result | Number of major education result | A volunteer/student is able/knows |
| U 01 | F.U13 | recognize the signs and symptoms of abnormal pregnancy (abnormal bleeding, uterine contractions) |
| U 02 | F.U14 | physical examination of a pregnant women (blood pressure, maternal and fetal heart rate), and laboratory findings indicative of pathologies of pregnancy |
| U 03 | F.U15 | interprets cardiotocography (CTG) records |
| U 04 | F.U16 | recognize the beginning of delivery and it’s abnormal duration |
| U 05 | F.U17 | interprets the signs and symptoms of a physiological and pathological postpartum period |
| U 06 | F.U18 | knows recommendations, indications and contraindications for the use of contraceptive methods |
| Dean's consent to volunteer | |  |
| Duration of volunteering | | from: 2020 to: 2020 |
| Total number of hours of volunteering | |  |
| Signature and stamp confirming the volunteering | |  |