

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

Address (unit manager/responsible person):

|  |
| --- |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 **PSYCHIATRY**:

|  |  |  |
| --- | --- | --- |
| Number of course education result | Number of major education result | A volunteer/student is able/knows |
| U 01 | E.U5 | psychiatric examination |
| U 02 | E.U13 | assess and describe the patient's somatic and mental state |
| Dean's consent to volunteer | |  |
| Duration of volunteering | | from: 2020 to: 2020 |
| Total number of hours of volunteering | |  |
| Signature and stamp confirming the volunteering | |  |