

The Registration form

The application for professional practice in the Health institute in Ústí nad Labem - Student of PhD. study programme "Environmental and Biomaterial Science"

Name, surname, title of student	
Date of Birth	
Permnament address	
Contact - phone Nr., e-mail	
Study programme	
Year of study	
Form of study - full	
Nr. of hours of practice	
Term of practice	
Name and contact of the FŽP employee in charge of direct contact with the student	
Name and contact of authorized employee of ZÚ - practice provider	

I was informed that I am bound by confidentiality in accordance with Sections § 49 - 69 of the Act Nr. 372/2011 Coll. As amended, and on the notification for its possible violation.

I declare that I have been properly vaccinated against infectious diseases in accordance with Decree no. No. 537/2006 Coll. on vaccination against infectious diseases, as amended

I was instructed about the obligation to use protective work clothing and coveralls dutin my professional practice, which I will provide myself according to the instructions of the KZ.

I agree that, for the purpose of professional practice, the KZ processes my personal data provided by me in accordance with the Regulation of the European Parliament and the Council (EU) 2016/679 for the period of the practice and then for the period required to archive the practice agreement (for a 5 years)

In Date.....

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Name of student (signature)

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Signature and stamp of ZÚ