**Agreement Relating to the Contract for Cooperation in the Provision of Work Experience for Students of the Faculty of Health Sciences**

**concluded in accordance with Article I(2) of said agreement**

between:

**Olomouc Military Hospital**

with its registered seat at: Sušilovo náměstí 1/5, Klášterní Hradisko, Olomouc, post code 779 00

represented by: colonel of the military medicine division of the general staff MUDr. Martin Duda – Chief Physician of the Olomouc Military Hospital

Company ID No.: 60800691

VAT Reg. No.: CZ 60800691

(hereinafter referred to as the ***OMH***)

and

Name, surname and academic title:

Date of birth:

Residential address:

School year: Field of study: Type of study:

(hereinafter referred to as the ***FHS Student***)

**I.**

The OMH undertakes to provide the FHS Student with work experience in the department …………………….  
over the period from ……..….... to ………….…. .

**II.**

The Student hereby declares that he/she has been informed by the Faculty of Health Sciences in accordance with the Contract for Cooperation in the Provision of Work Experience for Students of the Faculty of Health Sciences of 20 September 2021 about the following facts, acknowledges them and undertakes to comply with them:

a) the obligation to wear personal work clothing and footwear and to wear an OMH identity badge in an ordinary visible place

b) to comply with regulations communicated to them by OMH staff for the duration of the work experience (a written record of this will be made)

1. to maintain confidentiality in matters of classified and confidential information known to him/her during the work experience in accordance with Act No 372/2011 Coll., on Health Services. The Student shall be criminally liable for breach of the obligation to confidentiality if such information is disclosed to him/her
2. to comply with instructions and regulations of the OMH
3. to duly fulfil all duties relating to the work experience, i.e. in compliance with generally binding, health, safety and other regulations, and in accordance with the instructions and orders of the trainer or, if applicable, the supervisor of a non-medical healthcare worker, or other responsible persons.

The Student further declares that he/she has been vaccinated against communicable diseases in accordance with the Contract for Cooperation in the Provision of Work Experience for Students of the Faculty of Health Sciences and in accordance with the relevant provisions of Decree of the Ministry of Health of the Czech Republic No. 537/2006 Coll., on vaccination against infectious diseases, and that he/she is further aware of his/her full responsibility for the performance of work within the scope of his/her expertise (and any resulting damage), and for the performance of work not requiring any expertise (and any resulting damage).

**III.**

In accordance with the Contract for Cooperation in the Provision of Work Experience for Students of the Faculty of Health Sciences, the OMH may withdraw from the Agreement with immediate effect with respect to a student of the Faculty of Health Sciences if that student grossly violates generally binding legislation or internal regulations in force at the OMH relating to the performance of work experience, or the instructions of the employee who supervises the student during the work experience.

**IV.**

This Agreement has been drawn up in two counterparts having the validity of an original, of which each Party shall receive one.

In Olomouc, date In Olomouc date

………………………………............ ……………………………...........

colonel of the military medicine division FHS Student

of the general staff MUDr. Martin Svoboda

Chief Physician of the OMH

Use of work experience of the FHS Student

Approved on date: ………………. ……………..…...........................................

Centre for Practical Training and Practical Education of the FHS, PU