



Request for Drafting a Contract – Clinical Practice
FHS UP students, Palacký University Olomouc

<u>Student:</u>	
• full name	
• date of birth	
• permanent address	
• phone number	
• university email address	
• study programme	
• year of study	
• form of study	full-time / distant
• course code and title	
• date of the clinical practice	
• number of hours at the clinical practice (hours/minutes)	
• extent of the practice (number of days)	
<u>Healthcare facility:</u>	
• name	
• address	
• IČO (found on the facility website)	
• DIČ (found on the facility website)	
• Managing director of the facility	
• Contact person of the facility (first name, surname, titles, role, phone, email)	
• clinic/department (where the practice takes place)	
• authorised employee of the practice provider /e.g. head nurse, senior staff (first name, surname, titles, role, phone, email)	

The student always completes all items of the request. The student is responsible for the accuracy of the information provided in the request.

In Olomouc on

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student's signature