Annex No. 2

To the Regulations of Student Vocational Placements

 Białystok, ……………………………

Student’s statement

Student’s name and surname: ………………………………………………………………….

Faculty: …………………………………………………………………………………………

Field of study, year of study: …………………………………………………………………..

**I hereby declare that I have read and understood the Regulations of Student Vocational Placements carried out by students of the Medical Faculty with the Division of Dentistry and the English Division of the Medical University of Białystok, and that I have collected documents required for placement completion:**

- vocational placement agreement,

- “Self-assessment Sheet of the Facility where student vocational placement is completed”.

**Additionally, I have been informed that I must be in possession of:**

* the training programme,
* the sheet of the course of the training,
* insurance policies (OC – liability insurance, NNW – accident insurance),
* certificate of hepatitis B vaccination,
* valid sanitary-epidemiological certificate,
* full documentation required to complete the training programme,
* protective clothing.

 ……………………………………………………

 Student’s signature