**Project entitled “Strengthening the competences of medical students of Medical University of Bialystok”**

**Internship schedule for the course in medicine**

(to be delivered to Internship Supervisor designated by the University of Białystok before the internship begins)

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

Name and address of the Receiving Institution…………………………………………………………………………….

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Name and surname of Internship Supervisor designated by the Receiving Institution

…………………..…..……………………………………………………Contact phone no.……………...……………..

The internship consists of **120 (clock) hours**, where the maximum number of hours of internship cannot **exceed 8 hours/day and 40 hours/week (in an internship week)**; in the case of an Intern with intermediate or advanced disability, the maximum number of working hours cannot exceed 7 hours/day and 35 hours/week.

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|  | **No.** | **Date** | **Hours (from… to…)** | **Comments** |
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| Total number of hours in internship week:  |
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| Total number of hours in internship week:  |

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| Internship week |  |  |  |  |
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| Total number of hours in internship week: |

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| Internship week |  |  |  |  |
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| Total number of hours in internship week: |
| Summary of **hours/month:**  |

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Date and signature of the Supervisor

designated by the Receiving Institution Date and Intern’s signature