

Name and Surname: .....

Program, year of studies: .....

### Statement

With relation to the individual organisation of the **Clinical Clerkship** at the 6th year of studies and having obtained the agreement on undergoing the Clinical Clerkship from NCU CM Centre for Medical Education in English, herein I confirm that I was informed about the obligation to:

- a) possess the Civil Liability and Personal Accidents Insurance (detailed scope of insurance binding on the territory of the Republic of Poland is specified in Annex no. 3 to the Agreement); in addition, it is required to possess additional insurance covering the state where the Clinical Clerkship is to take place;
- b) be capable of performing works under the Clinical Clerkship (possess current medical tests, vaccination against hepatitis B);
- c) know the content of this Agreement.

At the same time, I declare that having selected a place for the Clinical Clerkship other than the University, I shall NOT submit any claims at the University in connection with my choice, and I am aware that taking the Clinical Clerkship at the 'Receiving Unit' does not release me from duties specified in Resolution no. 39 of the Senate of the NCU in Toruń of April 30, 2019, Rules of Study at the NCU in Toruń and Resolution no. 119 of the Senate of the NCU in Toruń of 24 September 2019 on the rules of charging fees for rendering educational services and terms and procedure of exemption from such fees. In particular it does not release me from the obligation to pay the tuition fee for the 6th year of the studies, pursuant to the relevant Order of the Rector of NCU.

Bydgoszcz, date: .....

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(student's signature)