

Name and surname

Student ID number.....

Programme, year of study

Full-time/part-time*,
First/second cycle/long-cycle*
(*delete as appropriate)

DECLARATION

In relation to the individual organisation of the student work placement and receipt of the **Student Work Placement Agreement** from the Dean's Office, I confirm that I have been informed of the obligation to:

- a) have third party liability insurance,
- b) be fit to practise (up-to-date medical examination, Hepatitis B vaccination),
- c) to acquaint myself with the contents of this agreement.

Bydgoszcz,

.....
(student's signature)