

THE PAPER OF ACCEPTATION

Internship II – 24 Weeks of the students of the Master Degree of Pharmacy of the Faculty of Pharmacy at the University of Veterinary and Pharmaceutical Sciences Brno

Contact person at the Faculty of Pharmacy VFU Brno:

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All the blank spaces must be filled in legibly (in block letters).

I agree that the student of the Faculty of Pharmacy of the University of Veterinary and Pharmaceutical Sciences Brno mentioned below will perform (part of) his/her internship in the pharmacy in the stated term:

Name and surname of the student:

Name of the pharmacy:

Address of the pharmacy:

Telephone: Fax:

E-mail:

Internship from: to:

Owner of the pharmacy (name, address):
.....

Pharmacy's employee (advisor) in charge of the student's practice:
.....

Personal data protection:

All personal data listed in the Paper of Acceptation are treated according to [the General Data Protection Regulation \(GDPR\) \(EU\) 2016/679](#).

Pharmacists in question agree with the processing of their personal data necessary for the performance of the student's professional pharmacy experience. The appointed data will not be kept longer than necessary, with the time limit being five years after the completion of the Master's Degree Study.

Date:

Signature of the advisor
Official stamp