Copy 1 for the relevant Dean's Office

STATEMENT

on having familiarised oneself with the training materials on preventing hospital-acquired infections, occupational health and safety, radiation protection, environmental protection and personal data protection prepared by the University Hospital in Kraków, as well as the confidentiality principle in force at the Hospital, which involves the obligation to maintain the secrecy and refrain from the external disclosure of any information acquired in relation to the classes conducted at the Hospital.

| First and last name of the student/apprentice | | |
|---|---------------------------|--|
| Student record book no | Academic year 20/20/20/20 | |
| Higher education institution/field of study | | |

...I warrant and represent that I have familiarised myself with the training materials available on the website of the University Hospital in Kraków at: <u>http://www.su.krakow.pl/dla-studentow</u>

Furthermore, I have been informed that during the first class at the Hospital, the group supervisor will conduct a practical training in hygienic hand washing, hygienic hand disinfection, putting on non-sterile single-use medical gloves, and safe removal of gloves.

Throughout the period of my participation in the classes conducted at the University Hospital in Kraków that involve the use of the Hospital's databases, I undertake not to disclose or transfer to any third parties any confidential information that I may learn or receive during the classes described hereinabove.

I warrant and represent that I have familiarised myself with the personal data protection principles in place at the Hospital, and I undertake to comply with them. I acknowledge and agree that I may process only the data made available to me by the Hospital to the extent necessary to achieve the educational goals, and I undertake to maintain the secrecy of the personal data obtained in relation to my participation in the classes, as well as the means of protecting such data, and I further undertake not to process such data for any other purposes. I shall be bound by the obligation of secrecy throughout the classes and after their termination, as well as after the death of the patient to whom the data relates. I undertake to act with due diligence in order to protect personal data against accidental or unlawful destruction, loss, alteration, unauthorised disclosure or unauthorised access.

..... date

legible signature of the student/apprentice

.....

Copy 2 for the University Hospital in Kraków

STATEMENT

on having familiarised oneself with the training materials on preventing hospital-acquired infections, occupational health and safety, radiation protection, environmental protection and personal data protection prepared by the University Hospital in Kraków, as well as the confidentiality principle in force at the Hospital, which involves the obligation to maintain the secrecy and refrain from the external disclosure of any information acquired in relation to the classes conducted at the Hospital.

 First and last name of the student/apprentice
 Academic year 20....../20......

 Student record book no.
 Academic year 20....../20......

Higher education institution /field of study

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date

legible signature of the student/apprentice

Copy 3 for the student/apprentice

STATEMENT

on having familiarised oneself with the training materials on preventing hospital-acquired infections, occupational health and safety, radiation protection, environmental protection and personal data protection prepared by the University Hospital in Kraków, as well as the confidentiality principle in force at the Hospital, which involves the obligation to maintain the secrecy and refrain from the external disclosure of any information acquired in relation to the classes conducted at the Hospital.

| | First and last name of the student/apprentice |
|--|---|
| | Student record book no Academic year 20/20 |
| Higher education institution /field of study | |

I warrant and represent that I have familiarised myself with the training materials available on the website of the University Hospital in Kraków at: <u>http://www.su.krakow.pl/dla-studentow</u>

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date

legible signature of the student/apprentice