



# THE PAPER OF ACCEPTATION

## Internship II – 24 Weeks

Pharmacy practice (*FASM1 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

Guarantor of *Internship II – 24 Weeks*, Faculty of Pharmacy VFU Brno:  
PharmDr. Bc. Dana Mazánková, Ph.D., e-mail: mazankovad@vfu.cz

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 II – 24 Weeks* in the pharmacy in the stated term:

Name:

Surname:

Personal number of the student:

Name of the pharmacy:

Type of the pharmacy (public pharmacy / hospital pharmacy):

Address of the pharmacy (street, city):

Country:

Telephone / fax:

E-mail:

Working practice from:

to:

Number of practice's weeks:

Pharmacy's employee (pharmacist - 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 pharmacist - advisor  
Official stamp of the pharmacy