

Acceptance statment for home care nurse practice

I confirm that I am accepting a student of SZTE ETSZK for an internship.

Please fill in with capital letters!

Name of the student:

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Subject/department/year:

.....

Name/ code of the practice:

.....

Date and period of the practice:

.....

Name and address of the host institution:

.....

Service phone number/email address of the host office:

.....

Name of mentor providing the training:

Please pay the internship management fee for the student as follows (the appropriate part to be underlined):

- by transfer to the address of the service
- with an assignment contract for the internship manager

Practice management fee: according to cooperation regulations

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Name of service manager
providing the training

.....

Name of practice leader teacher

Please return the acceptance statement no later than 2 weeks before the start of the internship to the education organizer Dominika Tari in person, by letter, or by email.

University of Szeged Faculty of Health and Social Sciences

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Phone: 62/546-406

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