

**Acceptance statement to complete field practice  
for fourth year physiotherapy students**

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

Please fill in with capital letters!

**Name of the student:**.....  
.....

**Subject/department/year:** .....  
.....

**Name/ code of the practice:**.....  
.....

**Date and period of the practice:** .....  
.....

**Name and address of the host institution (hospital/department):** .....  
.....

**Service phone number of the host department:**.....

**Email address of nursing director :** .....

**Name of Head of department:** .....

**Name of practice leader teacher:**.....

**Date:**.....

..... Name of nursing director providing the training	..... Name of practice leader teacher
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Please return the acceptance statement no later than 2 weeks before the start of the internship to the education organizer Beáta Turi in person, by letter, or by email.

University of Szeged Faculty of Health and Social Sciences

6726 Szeged, Temesvári krt. 31.,

Phone: 62/546-414

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