

**Acceptance statement to complete field practice
for second 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

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

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