



**Všeobecná fakultní nemocnice v Praze**  
Odbor vzdělávání, Na Bojišti 1, 120 00 Praha 2

## **Data needed to prepare**

**THE CONTRACT ON THE PROVISION OF THEORETICAL TRAINING  
THE CONTRACT ON PROFESSIONAL PRACTICAL TRAINING**

**1. Full name of the trainee incl. his/her degrees**

**2. Address**

**3. Date and place of birth**

**4. Citizenship**

**5. Passport (or ID card) number**

**6. Date of issue of passport (or ID card)**

**7. Validity of the passport (or ID card) to**

**8. Venue of the internship (clinic of the General University Hospital)**

**9. Type of work in course of the internship (field)**

**10. Dates of the internship**

from

to

**11. Full name of the trainer in the General University Hospital**