



TRAINING AGREEMENT FOR FINAL-YEAR MEDICAL ELECTIVE/SHORT TERM TRAINEESHIP *under the supervision of experienced medical staff*

ACADEMIC YEAR **2019/20**

I. PERSONAL DETAILS OF THE STUDENT

Name of the student:			
Date of birth:		Place of birth:	
Address:			
Country			
E-mail:			

II. SENDING INSTITUTION

Sending Institution:			
Address:			
Country:			
Coordinator:			
E-mail:			

III. RECEIVING INSTITUTION

Host organisation:	University of Cologne, Faculty of Medicine		
Address:	University of Cologne, Faculty of Medicine ZIB Med / Center for International Relations Joseph-Stelzmann-Str. 20 50931 Cologne		
Country:	Germany		
Coordinator:	Dr. Benjamin Köckemann (Head of ZIB Med)		
E-mail:	benjamin.koeckemann@uk-koeln.de		

IV. DETAILS OF THE PROPOSED CLINICAL TRAINING PROGRAMME AT THE RECEIVING INSTITUTION

Placement description:	Final-year medical elective (min. 4; max. 16 weeks) OR short term traineeship (max. 4 weeks) both under the supervision of experienced medical staff		
Type and duration of rotation: <small>(min. level of German)*</small>			
<small>*B1.1 if not specifically indicated</small>			
Elective/Traineeship Period:	From:		Till:

IV. COMMITMENT OF THE THREE PARTIES

THE STUDENT

Date:

Student's signature:

THE SENDING INSTITUTION

We confirm that this proposed training programme is approved.

Date:

Coordinator's signature:

UNIVERSITY OF COLOGNE

We confirm that this proposed training agreement is approved.

Date:

Coordinator's signature: