



## 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) <b>OR</b> short term traineeship (min. 2; max. 4 weeks) both under the supervision of experienced medical staff	
Type and duration of rotation:		
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: