



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

ACADEMIC YEAR 20\_\_/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		
Incomings Coordinator:	Andrea Kurze		
E-mail:	andrea.kurze@uk-koeln.de		

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

Placement description:	Final-year medical elective <b>OR</b> short term traineeship both under the supervision of experienced medical staff							
Type and duration of rotation:	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
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: