



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

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|--------------------|---|--|
| 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

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|--|---|-------|
| 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: