ACKNOWLEDGEMENT

You hereby acknowledge that you have read and understood the training material for students / trainees regarding our policies on health and safety, fire prevention & fire emergency procedures, data protection and infection prevention procedures in place at the University Dental Clinic in Kraków, as well as our policy of secrecy and non-disclosure to third parties of any information acquired in the course of training on the premises of the Clinic.

Full name of Student / Trainee	
Student Number	Academic year 20/20
Name of University / Degree program	
I confirm that I have read and understood the trait Kraków.	ining material available on the website of the University Dental Clinic in
I have also been informed that the first day of classafe handwashing, hygienic hand disinfection, donning	sses is scheduled to involve practical training by the group supervisor in and doffing of disposable non-sterile medical gloves.
	Dental Clinic in Kraków, I shall not disclose or share to third parties any become aware of during the course of said training by working with the
to abide by them. I acknowledge that I can only proce purposes and I shall hold secret any personal data acq shall not process any such data for other purposes. T	es of protection of personal information in place in the Clinic, and I agree ess data disclosed to me by the Clinic in the scope necessary for training quired in the course of training and also methods of their protection and he duty of secrecy shall continue in effect both during my training and patient. I shall use reasonable care to safeguard the personal data from mauthorized disclosure or unauthorized access.
Date	Signature (make it legible)
Copy 2 for the University Dental Clinic in Kraków	
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