

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 training material available on the website of the University Dental Clinic in Kraków.

I have also been informed that the first day of classes is scheduled to involve practical training by the group supervisor in safe handwashing, hygienic hand disinfection, donning and doffing of disposable non-sterile medical gloves.

During the period of my training at the University Dental Clinic in Kraków, I shall not disclose or share to third parties any confidential information which I will have acquired or become aware of during the course of said training by working with the Clinic's databases.

I confirm that I have read and understood the rules of protection of personal information in place in the Clinic, and I agree to abide by them. I acknowledge that I can only process data disclosed to me by the Clinic in the scope necessary for training purposes and I shall hold secret any personal data acquired in the course of training and also methods of their protection and shall not process any such data for other purposes. The duty of secrecy shall continue in effect both during my training and thereafter, as well as after the death of the respective patient. I shall use reasonable care to safeguard the personal data from accidental or unlawful destruction, loss, modification, unauthorized disclosure or unauthorized access.

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Date

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Signature (make it legible)

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