# TO WHOM IT MAY CONCERN

# Muğla Sıtkı Koçman University Faculty of Medicine Phase 1 and Phase 2 students are required to take Compulsory Observation Training as an observer in a health institution. During this observation training period, the Occupational Accidents and Occupational Diseases Premium of the students who will make observations will be made by our University in accordance with the law numbered 5510.

# Phase 1 / 2 Turkish/English Medical Program student………….., who has completed Occupational Safety and Occupational Health education, whose education and credentials are below. Thank you for approving the observation training that will be held between ../…………………… in 10 (ten) working days in your health institution and for your interest during the observation period.

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| EDUCATIONAL INFORMATION OF THE STUDENT |
| NAME AND SURNAME |  | ACADEMIC YEAR |  | TELEPHONE |  |
| STUDENT NUMBER |  | MEDICAL PROGRAM/ PHASE |  | E-MAIL |  |
| RESIDENCE ADDRESS |  |

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| **DATES OF MANDATORY OBSERVATION TRAINING** |
| **Starting date** |  | **End Date** |  |

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| **INSTITUTIONAL INFORMATION WHERE THE OBSERVATION TRAINING WILL BE GIVEN** |
| **Organization Name** |  | **Telephone** |  |
| **Service Area** |  | **Fax** |  |
| **City/Town** |  | **Web address** |  |
| **Address** |  |

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| **STUDENT APPLICATION REQUEST** |
| I want to do my Compulsory Observation Training, which I have to do for 10 (ten) working days between the dates between …………………../ ………………, at your organization ………………..department. I declare that my training information is correct and undertake to receive training by observing in your organization. | **Name- Surname/ Signature:****Date:**  |

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| **APPROVAL OF THE INSTITUTION TO PERFORM THE OBSERVATION TRAINING** |
| **Approver's Name - Surname** |  | **Approval date** |  |
| **Position and title** |  | **Signature/Stamp** |  |
| **E mail address** |  |

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| **POPULATION REGISTRATION INFORMATION OF THE STUDENT****(To be filled in by the student if the application is accepted)** |
| **Last name** |  | **Province of Registered Population** |  |
| **First Name** |  | **District** |  |
| **Father name** |  | **Neighborhood- Village** |  |
| **Mother name** |  | **Vol** |  |
| **Place of birth** |  | **Family Serial Number** |  |
| **Date of birth** |  | **Registrar's Office** |  |
| **T.R. Identification number** |  | **Reason for Issue** |  |
| **Social Security Number** |  | **Date of issue** |  |

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| **STUDENT** | **FACULTY APPROVAL** |
| I declare that the information on the document is correct, I respectfully submit to the preparation of the documents related to the said institution that I undertake to observeDate::Name and surname: Signature | Date/ Signature |