



RATIFICATION OF INFORMED CONSENT AND ASSUMPTION OF RISKS INVOLVED IN
WORK EXPERIENCE PLACEMENTS IN HEALTH SCIENCE PROGRAMMES AT THE
UNIVERSIDAD EUROPEA DE VALENCIA.

NOTE: This document must only be completed by students belonging to health science degree programmes.

Mr./Ms. _____, of legal age
and studying a Degree in _____ with Student
Nº.: _____ hereby states:

- 1) that I am fully aware of and understand the risks inherent in the work experience placement which I will take part in during my Degree in Nursing / Degree in Dentistry.
- 2) that my questions regarding the aforementioned work experience placement have been answered and I have received sufficient information so as to understand and freely assume the risks involved and the possible consequences.
- 3) that I have been informed that I must be vaccinated against tetanus and hepatitis in order to be able to participate in the work experience placement. I understand that if these requirements are not fulfilled, I will be excluded from the work experience placement.
- 4) that I have also been informed that I must notify the *Universidad Europea de Valencia* as soon as I am aware of any personal health problem that could affect the work experience placement or the patients that I will treat during this placement under the supervision of assigned tutors. I am also aware that I must inform of any infectious diseases that I may suffer in the future.
- 5) that I agree that I am responsible for transfers between the University and the work experience location and that the University may under no circumstances be held responsible for this.

In witness whereof, I freely and consciously express that I am aware of and agree to the above points and hereby sign this document:

Valencia,

20.....