

## **D e c l a r a t i o n**

about the Acceptance of the Terms and Conditions Governing the Provision of Health Services

I.....country.....date of birth.....

as an applicant for a scholarship of the Government of the Czech Republic, hereby represent that I have carefully read the terms and conditions for the provision of health services in the Guidelines for Granting Scholarships of the Government of the Czech Republic, and that I accept the above terms and conditions if I am granted the scholarship upon a Decision of the Ministry of Education, Youth and Sports of the Czech Republic and accept this scholarship.

I am fully aware of the fact that the Ministry of Education, Youth and Sports shall terminate the scholarship payment if I fail to abide by the stipulated obligations and statutory obligations, or if I am diagnosed with an infectious disease listed in Annex No. 5, items a) through c), during the initial medical examination.

Upon termination of scholarship payment, I shall hereby lose the status of a government scholarship holder and shall be obliged to leave the territory of the Czech Republic.

I note that my personal data related to my person will be provided to the Ministry of Health by the health services provider in order to reimburse the health services that have been provided to me. I am aware of the fact that the above data include my name, date of birth, student number, name of my home country, date of treatment or examination (or date of hospital admission and discharge in the case of inpatient care), names and codes of performed treatments, diagnosis and medical report. I note that the Ministry of Health will process the above data in order to reimburse provided health services. I note that the Ministry of Health will store my personal data even after I complete my studies as part of the scholarship of the Government of the Czech Republic for the necessary period of time.

Done at.....on.....

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Signature of the scholarship applicant

On behalf of the Embassy of the Czech Republic received by