**Student´s request for study abroad**

I would like to approve the request for a student mobility abroad with following information:

**Name, SURNAME:**

**Study program/year of study:**

**Date of birth (dd/mm/yyyy):**

**Contact (mobile) phone** (incl. the international dial):

**Departure from Prague (date and time):**

**Arrival in Prague (date and time):**

**Travel by: own car / rent car / bus / train / aeroplane**

**Final destination (country and exact location/region):**

**Name of the receiving / partner institution and address:**

**Main contact at FTA (supervisor/project coordinator/head of the research team/ guarantor of practical training):**

**Purpose of the journey:**

I honestly declare that:

* **I leave for mobility voluntarily and on my own free will**

Yes  No

* **I will register my journey into the application DROZD (this applies only for Czech citizens)** [**https://drozd.mzv.cz/**](https://drozd.mzv.cz/)

Yes  No  I am foreigner, I can not register to DROZD system

* **I checked the safety and security rules and I am aware about any security and health-related risks in the travel destination**

Yes  No

Please see the list of destinations with increased security risks: [https://secure.ervpojistovna.cz/download/warlist.pdf?\_gl=1\*1hun0r2\*\_ga\*Nzg3MTg2OTcwLjE2NDQ5MTQ2MzU.\*\_ga\_V4D4088MVK\*MTY4MTcyOTc4OC4xMTguMS4xNjgxNzI5ODkwLjAuMC4w](https://secure.ervpojistovna.cz/download/warlist.pdf?_gl=1*1hun0r2*_ga*Nzg3MTg2OTcwLjE2NDQ5MTQ2MzU.*_ga_V4D4088MVK*MTY4MTcyOTc4OC4xMTguMS4xNjgxNzI5ODkwLjAuMC4w)

* **I have all the obligatory vaccinations valid for the travel destination**

Yes  No In case of No, please provide a reason:

Please see the list of obligatory/recommended vaccinations:

<https://centrumcestovnimediciny.cz/en/list-of-obligatory-and-recommended-vaccinations-in-individual-countries/>

or https://www.ockovacicentrum.cz/cz/seznam-statu-a-z

* **I feel well for the trip and have all the medicines necessary for the final destination**

Yes  No

* **I have a first aid kit and travel equipment according to the needs of the final destination (e.g. antimalarials)**

Yes, I have my own first aid kit

* **I have downloaded the ERV insurance company application „**ERV travel&care**“ and I actively follow the information in the travel destination** [**https://www.ervpojistovna.cz/cs/mobilni-aplikace**](https://www.ervpojistovna.cz/cs/mobilni-aplikace)

Yes  No

* **I am aware about the terms and conditions of ERV insurance company (i.e. there is only 80 % of insurance coverage of the air-ticket in case of cancel the journey due to the health problems). To get 100 % of the price of the air-ticket I must manage my own insurance for cancellation.**

Yes  No

|  |  |
| --- | --- |
| **Contact details of the contact person of the partner organisation abroad: Contact form during my stay abroad** | |
| **Name, Surname** |  |
| **Position** |  |
| **Organization** |  |
| **Address** |  |
| **Mobile phone number**  **(or skype, whatsapp, …)** |  |
| **E-mail** |  |

* **Contact person in the Czech Republic the FTA will contact if necessary (personal contacts - family, friends, …):**

|  |  |
| --- | --- |
| **Contact form in the Czech Republic** | |
| **Name, surname** |  |
| **Mobile phone number** |  |
| **E-mail** |  |
| **Relation (Friend/ family relative)** |  |

**I hereby confirm all the information above and agree with the journey:**

**Date:**

**Signature:**

**Supervisor´s approval (thesis supervisor/project coordinator/head of the research team/ guarantor of practical training):**

**Date:**

**Name of the person:**

**Signature:**