

## Certificate of Internship

This is to confirm that the student:

**Name and surname:**

.....Zuzanna Mateasikova .....

completed an internship at our workplace:

Place of internship:

.....Royal Liverpool and Broadgreen University Hospitals.....

Length of internship:

.....19<sup>th</sup> June 2017 until 14<sup>th</sup> July 2017.....

**Evaluation:**

(Please specify the procedures which the student performed on their own and which they assisted in, their theoretical background, their attitudes to both patients and other health professionals, and your personal observations, if possible)

Zuzanna has been an excellent student. Her knowledge is far better than that of her UK contemporaries. She has made herself part of our team and is always keen to learn.

She has gained ENT experience in outpatient clinics as well as theatres and has taken the opportunity to scrub and assist in the operating theatre.

Her timekeeping is excellent – she's always on time for clinic and theatre.

Tutor: Chris Webb (ENT Consultant)

Signature: .....



E-mail address: Christopher.webb@rlbuht.nhs.uk

Date: 14<sup>th</sup> July 2017

The Royal Liverpool and  
Broadgreen University Hospitals



**Miss Zuzana  
Mateasikova**  
Medical Elective  
ENT

If Found Please Contact Security: 0151 600 1836