

APPLICATION FORM FOR OBTAINING SUPPORT FOR STUDENTS/DOCTORAL STUDENTS/EMPLOYEES WITH DISABILITY AT THE MEDICAL UNIVERSITY OF SILESIA IN KATOWICE

Personal data

1. First name and surname:
.....
2. Residence address:
3. Correspondence address (of other than residence address):
.....
4. Contact telephone:
5. Email address:
.....
6. Index number/employee identification number:
7. Preferred form of contact:
 e-mail letter
 telephone letter with enlarged font

Information on studies (to be filled out by the student/doctoral student applying for support)

8. Faculty:
9. Course of studies (in case of students)/discipline (in case of doctoral students):
.....
10. Year of studies/year of education:
.....
11. Level of studies:
 first-cycle studies uniform master's studies
 second-cycle studies Doctoral School

12. Form of studies:

intramural studies extramural studies

Information on work (to be filled out by the employee applying for support)

13. Organizational unit, Faculty:.....

14. Position:.....

Information on the disability/chronic disease

15. Cause of disability/chronic disease (please indicate the name of the disease):

.....
.....
.....

16. Description of the disability/Description of symptoms related to chronic disease or other circumstances which cause submission of the application form (please briefly describe your disability/disease/dysfunctions and indicate information non the applied specialist equipment, manner of coping with the disability/disease/difficulties in functioning in the social life):

.....
.....
.....

17. Difficulty in studying or working (please indicate issues which you come across/came across during studies/education at the Doctoral School/conducting scientific activity):

.....
.....
.....

18. Type of expected support from the Medical University of Silesia in Katowice (including indication whether support is to be granted on a one-off basis whether for a specific period of time not exceeding, however, the current calendar year):

.....
.....
.....

At the same time, I declare that I am aware of the legal responsibility for submitting false declarations.

.....
Date and legible signature of the applicant

Appendices (in line with § 5 sec. 2 points 2, 3, 4, 5, 6 of the By-laws):

.....
.....

Pursuant to Art. 13 of the Regulation of the European Parliament and Council (EU) 2016/679 from 27 April 2016 on protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (GDPR) please be informed that:

1. The controller of your personal data is the Medical University of Silesia in Katowice with its seat at: ul. Poniatowskiego 15 in Katowice (40-055).
2. The controller of your personal data has appointed the Data Protection Inspector who may be contacted at (32) 208 35 71 or at the email address: bezpieczenstwo@sum.edu.pl.
3. Your personal data shall be processed for the purpose of realizing the provisions of the hereby By-laws.
4. The legal basis for the processing of your personal data shall be the consent specified in Art. 6 sec. 1 letter a) and Art. 9 sec. 2 letter a) of GDPR.
5. Indication of your personal data is voluntary, however, it constitutes the necessary condition for obtaining support whilst refusal to indicate them signifies lack of possibility to grant support provided for in the By-laws.
6. Your personal data shall be processed on behalf of the data controller by authorized employees solely for the purposes specified in point 3.
7. Your personal data shall be stored for the period necessary to grant and realize your support in accordance with the hereby By-laws, amounting to 2 years.
8. Your personal data shall be disclosed to external entities with the exception of cases provided for in the provisions of law.
9. According to the principles specified by GDPR regulations you are entitled to:
 - 1) the right to access your data,
 - 2) the right to amend data when they do not comply with the factual state,
 - 3) the right to remove them, limit their processing as well as transfer data – in cases provided for by the law,
 - 4) you are entitled to submit complaints to the supervisory body – Chairman of the Personal Data Protection Office if he or she considers the processing of your personal data to be in breach of the provisions of protection of personal data.
 - 5) the right to withdraw the expressed consent for the processing of personal data at any time, without it impacting compliance with the law of the processing which was performed prior to such consent withdrawal.

I grant consent for the processing of my sensitive personal data by the Medical University of Silesia in Katowice in the scope necessary to handle and realize the application form I submitted for the application of organizational solutions enabling full participation in realizing the process of education/scientific activity.

.....
Date and legible signature of the applicant

Opinion of the Dean/Director of the Doctoral School (concerning student/doctoral student application form):

.....
.....
.....

.....
Date, signature of the Dean/Director of the Doctoral School

Opinion of the Proxy of the Rector for the Disabled:

.....
.....
.....

.....
date, signature, stamp of the Proxy of the Rector for the Disabled

Opinion of the Bursar:

Funds at disposal of the University as part of the grant allow/do not allow for the support to be granted.*

Other remarks:

.....
.....
.....

.....
date, signature, stamp of the Bursar

Decision of the Rector of the Medical University of Silesia

in Katowice:

.....
.....
.....

.....
date, signature, stamp of the Rector

* delete as appropriate