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Date, city

APPLICATION FORM FOR OBTAINING SUPPORT IN THE FORM OF ASSISTANT'S AID

Personal data

1. First name and surname:

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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:.....

I hereby apply for support in the form of Assistant's aid for a disabled person in the period:

.....
(please indicate the period in which the support will be necessary, not exceeding the current calendar year)

Justification (in particular, please describe your disability/disease, disfunctions, indicating what the Assistant's support should comprise in terms of actions related to the process of education/scientific activity):

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

I suggest selecting the following Assistant: (optionally)

First name and surname:

.....

Address:

.....

Telephone number:

.....

Justification of the choice of the person as the Assistant:

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.....

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

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Date and legible signature of the applicant

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

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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 hereby grant consent for the processing my personal data contained in the application form in order to grant support in the form of Assistant's aid.

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

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

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.....

.....
Date, signature, stamp

Opinion of the Proxy of the Rector for the Disabled:

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.....

.....
Date, signature, stamp

Opinion of the Bursar:

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

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Date, signature, stamp

Decision of the Rector of the Medical University of Silesia in Katowice:

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.....

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Date, signature, stamp

* delete as appropriate