The application was received on: ……………….. ***Appendix no. 5***

*date to the Regulations of benefits for the students*

*of Pope John Paul II State School of Higher Education*

*in Biała Podlaska*

Scholarship Committee

**APPLICATION FOR: A BENEFIT FOR DISABLED PEOPLE**

**APPLICANT’S PERSONAL DATA**

**Surname**: **First name:**

Date of birth: Place of birth:

Personal identity number: **Record book no.**:

Field/year of studies:

First-cycle/second-cycle programme/uniform master’s degree studies:…………………………………………………………

Permanent residence address:

Correspondence address:

Current phone number/e-mail address: …………………………………………………………………………………………

**DECLARATION ON THE DEGREE OF DISABILITY**

|  |  |  |
| --- | --- | --- |
| No. | DEGREE OF DISABILITY | MARK AS APPROPRIATE |
| 1. | slight | **□** |
| 2. | moderate | **□** |
| 3. | severe | **□** |

**The declaration is valid until: ……………………**

Appendices (number).: ....................

Transfer the granted financial benefit to the following account:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account no. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DECLARATION**

Aware of criminal responsibility determined in art. 233§1 and 286§1 of the act of 6 June 1997 – Penal Code and of disciplinary liability in art. 307 par.1 of the act of 20 July 2018 – Law on higher education and science, I declare that:

− in the …….../……….. academic year I do not apply for and do not receive any benefits for students in another field of study, at Pope John Paul II State School of Higher Education in Biała Podlaska or any other university;

− I do not have a professional title of MA, MSc or equivalent;

− I do not have a professional title of BA, BSc or equivalent;

–when applying for a benefit in a first-cycle programme;

− **the ……...../……....academic year is my: .......................................................(write the number) year of studies** in total, including all previous years of my studies, including the programmes started by me at PSW and other universities;

− I declare that I have read the Regulations of benefits for the students of Pope John Paul II State School of Higher Education in Biała Podlaska.

- I consent to the processing of my personal data by the University for the scholarship purposes.

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

Date and the applicant’s legible signature

**Information Clause for a student applying for a scholarship benefit**

Pursuant to art. 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/WE (general regulation on data protection) (Journal of Laws UE L 119/1 of 04.05.2016), hereinafter referred to as „GDPR” Pope John Paul II State School of Higher Education in Biała Podlaska informs that:

1. The administrator of your personal data is Pope John Paul II State School of Higher Education in Biała Podlaska based at 95/97 Sidorska St., 21-500 Biała Podlaska.

2. The administrator appointed the Data Protection Officer supervising the correct processing of personal data, who may be contacted by phone +48 833449982 or e-mail address: [j.sroka@pswbp.pl](mailto:j.sroka@pswbp.pl),

3. The legal basis for the processing of your data is: art. 86 of the act of 20 July 2018 – Law on higher education and science (uniform text Journal of Laws of 2020, items 85, 374, 695, 875) in connection with art. 6 par. 1c1 and art. 9 par. 2b2 of GDPR.

4. Your personal data will be processed for the purposes of: examining the application and/or granting as well as payment and settling of benefits for students, but also for statutory, statistical and archival purposes in connection with the fulfilment of obligations under the provisions of the law and related acts in connection with the implementation of tasks of granting benefits to students.

5. Your personal data will be kept for the period necessary to achieve the above mentioned purposes.

6. The recipients of personal data will only be entities processing data on behalf of the University and entities authorised to obtain personal data under the provisions of the law.

7. You have the right to access your data and the right to rectify, delete or limit their processing as well as the right to object, request the cessation of data processing and transferring.

8. You have the right to lodge a complaint with the supervisory body, the President of the Personal Data Protection Office.

9. Providing data is voluntary but required to apply for a scholarship benefit.

10. The data provided by you will not be processed in an automated manner and will not be profiled.

11.The administrator does not intend to transfer personal data to a third country or an international organisation.

Biała Podlaska, ................... ...................................................

(applicant’s signature)