Appendix no. 2 to the Rector’s Order no. 87/ 2020 introduced by the MUB Rector’s Order 89/2020 of 21 September 2020

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*Stamp of University’s organisational unit*

**DECLARATION ON THE COMPETENCES AND EXPERIENCE OF PERSONS HIRED AS TEACHERS (as required by the Pol-on system)**

**(on the basis of a contract of mandate / assignment of teaching)**

**Name of the employing entity:** ………………………………………………………………………

**Name and surname of the contractor:** ………………………………………………………………………………………...

**PESEL** if not available, type and number of identity document................................................................

**Nationality and name of country of birth** .....................................................................................

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| --- | --- | --- | --- |
| **Professional title [[1]](#endnote-1)** | **Field of study** | **Year obtained** | **Entity awarding the title** |
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| --- | --- | --- | --- |
| **Degree/title [[2]](#endnote-2)** | **Field / discipline** | **Year obtained** | **Entity awarding the degree/title** |
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| --- | --- | --- | --- | --- |
| **Name of course and year of study**  *(bachelor’s degree, master’s degree, doctoral degree, doctoral school)* | **Language of instruction**  *(Polish/*  *English)* | **Form of study** *(full-time*  */part-time)* | **Type of studies**  *(lectures, exercises, seminars, practical classes, coursework, dissertations)* | **Number of hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I declare that I have the below-mentioned competences and experience allowing me to properly carry out teaching activities within the curriculum of the Medical University of Białystok.

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| --- | --- | --- |
| **No.** | **EXPERIENCE GAINED [[3]](#endnote-3)** | **SCOPE OF COMPETENCE [[4]](#endnote-4)** |
| 1. | **Name of the institution where the experience was obtained**  ……………………………………………..  …………………………………………….. | scientific:  ……………………………………………..  ……………………………………………..  ……………………………………………..  …………………………………………….. |
| The period of employment when the experience was obtained iv  from: ………..…..….. to: ………….……… | educational**[[5]](#endnote-5)**: ……………………...………………………...……..  …………………………………………………………………………  ………………………………………………………………………....  …………………………………………………………….…………... |
| Scope of experience gained  ……………………………………………..  ……………………………………………..  ……………………………………………..  …………………………………………….. | practical: ………………………………………..…………........  …………………………………………………………………………  …………………………………………………………………………  ………………………………………………………………………… |
| 2. | **Name of the institution where the experience was obtained (subsequent)**  ……………………………………………..  …………………………………………….. | scientific: …………………………….............................................  …………………………………………………………...………........  ............................................................................................................... |
| The period of employment when the experience was obtained iv  from: ……..…..…….. to: ………………….. | educational: ……………………...…………...…………………..  ………………………………………………………..………….........  …………………………………………………………………………  ………………………………………………………………………… |
| Scope of experience gained  ……………………………………………..  ……………………………………………..  ……………………………………………..  …………………………………………….. | practical: …………………………………………......................  …………………………………………………………………………  …………………………………………………………………………  ………………………………………………………………………… |
| 3. | **Name of the institution where the experience was obtained (subsequent)**  ……………………………………………..  …………………………………………….. | scientific: ………………………………..........................................  …………………………………………………………………………  ………………………………………………………………………… |
| The period of employment when the experience was obtained [[6]](#endnote-6)  from: ………..….….. to: …………….……. | educational: ………………………...…………...………………..  …………………………………………………………………………  …………………………………………………………………………  ………………………………………………………………………… |
| Scope of experience gained  ……………………………………………..  ……………………………………………..  ……………………………………………..  …………………………………………….. | practical: ………………………………..………………………  …………………………………………………………………………  …………………………………………………………………………  ……………………………………………………………… |

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*date and signature of head of organisational unit date and signature of person filing the declaration*

*requesting the employment of an employee on the basis of a contract of mandate*

*/assignment agreement*

**Aware of the responsibility for making false statements,** in accordance with Article 113(1) of the Law on Higher Education and Science of 20 July 2018. (Journal of Laws of 2018., item 1668), I hereby declare as follows:

1) I have not been punished with the disciplinary penalty referred to in Article 276 section 1 items 7 and 8 of the Act, i.e.,:

– expulsion from the university with a subsequent ban on working in universities for a period of 6 months to 5 years;

– disqualification from practising as an academic teacher for a period of 10 years.

2) I meet the requirements set out in Article 20 section 1 items 1 to 3 of the Act, i.e.:

– I have full legal capacity;

– I enjoy full public rights;

– I have not been convicted of an intentional crime or an intentional fiscal offence by a final judgment.

In accordance with Article 13 of the General Data Protection Regulation of 27 April 2016, hereinafter referred to as the GDPR, I hereby acknowledge as follows:

1. The Administrator of my personal data is the Medical University of Białystok with its seat at ul. Kilińskiego 1, 15-089 Białystok, represented by the Rector
2. Contact to the Data Protection Officer at the Medical University of Bialystok, email address: iod@umb.edu.pl;
3. my personal data shall be processed on the basis of Article 6 section 1 item c of the General Data Protection Regulation of 27 April 2016 – the processing is necessary for the fulfilment of a legal obligation incumbent on the University, i.e. the Act of 20 July 2018. Law on Higher Education and Science,
4. my personal data shall only be disclosed to persons authorised by the Data Administrator,
5. my personal data may be disclosed to other entities on the basis of an entrustment agreement and to entities authorised by law,
6. my personal data shall be stored for the duration required by law, including archiving, or until the statute of limitations for claims,
7. I have the right to access my data, the right to rectify the data, the right to transfer the data,
8. I have the right to erase, the right to restrict the processing, the right to object in cases stipulated in Articles 17, 18 and 21 of the General Data Protection Regulation of 27 April 2016,
9. I have the right to lodge a complaint with the President of the Data Protection Authority in justified cases, when the data is being processed by the Data Administrator in violation of the General Data Protection Regulation of 27 April 2016,
10. personal data must be provided to comply with the legal obligation.

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date and signature of the person making the declaration

1. in the case of graduate with dual degrees, enter two professional titles; if you have a degree/title, please also enter the professional title(s) [↑](#endnote-ref-1)
2. in the case of graduate with dual degrees, enter two professional titles; if you have a degree/title, please also enter the professional title(s) [↑](#endnote-ref-2)
3. All fields in the column must be completed: “EXPERIENCE” in at least one institution. As the range of experience gained, please enter, for instance, e.g. doctor, physiotherapist, assistant, doctoral student, professional position ....... (Please specify the type of position). [↑](#endnote-ref-3)
4. Please complete at least a single field (scientific, teaching or practical competence) must be completed. A limit of 2,000 characters applies. [↑](#endnote-ref-4)
5. Enter e.g. experience of teaching a subject in the course, having a pedagogical background, having completed training to improve teaching competences. [↑](#endnote-ref-5)
6. Please state a value expressed in years. In the case of doctoral students, please state the years of training in the doctoral programme / doctoral school. [↑](#endnote-ref-6)