Appendix no. 1 to Order no. 115/2023 of the Medical University of Bialystok Rector dated 17 November 2023

Białystok, on……………………………………………….

**Medical University of Bialystok, 1 Jana Kilińskiego Street, 15-089 Białystok**

**Application for co-financing of the purchase of access to educational platform designated to prepare**  **for the Final Medical Examination/Final Medical-Dental Examination****[[1]](#footnote-1)**

To be filled out by the Applicant:

First name/names, surname:

Program and year of studies1:

[ ] Medical-Dental – V year of studies

[ ] Medical – VI year of studies

☐ Medical English Division – VI year of studies

PESEL/NIP:

Date of birth:

Contact details (country, voivodeship, poviat, municipality, street, house number, flat number, city, postal code, telephone number):

Name of relevant revenue office as per the address of residence:

Bank account number:

**Information on the purchased access to the educational platform designated to prepare for**

**Final Medical Examination/Final Medical-Dental Examination**

Name of platform:

Date of purchase:

Gross purchase price:

I attach the following proofs of payment to the application form:

1. ………………………..
2. …………………………
3. …………………………
* I declare that I have not applied for 1 co-financing the purchase of access to the above-specified platform in the previous years. I have not applied for co-financing in another entity.
* I declare that the proofs of purchase enclosed with the application form concern my access to the above-specified platform.

**Signature of the applicant:**

To be filled out by the University:

**The application form meets the requirements specified in §1 sec. 1**

Date and signature of the Dean’s office employee:

**Co-financing granted in the gross amount of -…………………………………………………….PLN**

Date and signature of the Bursar or Bursary employee:

**Information concerning the processing of personal data of the student submitting the application for co-financing for the purchase of access to the educational platform by the Medical University of Bialystok**

Pursuant to Art. 13 of the General Data Protection Regulation from 27 April 2016 (hereinafter GDPR), the Medical University of Bialystok hereby notifies that:

1. The Medical University of Bialystok with its seat at 1 Kilińskiego Street, 15-089 Białystok, represented by the Rector, is the Controller of your Personal Data,
2. Contact details of the Data Protection Inspector at the Medical University of Bialystok, email address: iod@umb.edu.pl,
3. Your personal data shall be processed in order to obtain co-financing for the purchase of access to the educational platform pursuant to Art. 6 sec. 1 letter b of GDPR,
4. Your personal data shall be disclosed solely to persons authorized by the Data Controller, IT provider of the ERP system cooperating with the Medical University of Bialystok on the basis of data entrustment agreement,
5. Your personal data shall be stored for the period of 6 years from the moment of obtaining co-financing or from the moment of refusal to grant co-financing,
6. You are entitled to: demand access to your personal data from the Data Controller, amend, remove or limit processing of your personal data as well as transfer such data,
7. You are entitled to submit a complaint to the President of the Personal Data Protection Office at 2 Stawki Street, 00-193 Warszawa, when it is justified that your personal data are processed by the Data Controller in breach of GDPR.
8. Indication of personal data is voluntary, however, obligatory in order to obtain co-financing,
9. No automated decisions including profiling shall be conducted based on the submitted personal data.
1. Mark as appropriate [↑](#footnote-ref-1)