

Registration questionnaire for candidates with disabilities or chronically ill

ADMISSION PROCESS FOR THE ACADEMIC YEAR/

PERSONAL DATA

Name and surname.....

PESEL[PERSONAL IDENTIFICATION NUMBER].....

Residential address

Phone number

E-mail address.....

Preferred means of contact (please tick):

- e-mail
- phone
- text message
- letter
- letter – enhanced print

INFORMATION ABOUT THE CANDIDATE

Degree of disability [please tick the proper degree of disability stated by the proper medical commission pursuant to the Act of Law concerning the vocational and social rehabilitation and employment of the disabled dated 27th August 1997 (Journal of Laws 2020, it. 426, as amended)]:

- major / I°
- mild / II°
- slight / III°
- no degree predicated (medical documentation)

Type of disability or chronic illness (please tick one or more disability/illness)

- musculoskeletal disability
- disability of the sight organ
- disability of the acoustic organ
- mental disorders
- posttraumatic disability(periodical – type?).....
- internal diseases (type?)
- other (type?)

Causes of disability (please provide the name of the disease)

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Description of disability (briefly describe the disability, special equipment used included, the manner of writing and reading, moving, etc.) or chronic disease

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Do you need to the University to adapt the entrance examination form?

- YES
- NO

NOTE! The necessity to adapt the entrance examination for shall be raised by the candidate no later than 10 days before the examination; if done later the examination form shall remain the same.

I need the following alteration in the examination form (please tick):

- prolongation of the duration of the examination (50%) in proportion to the duration of the examination for the remaining candidates.
- swimming of the scheduled distance in 1 min 25 seconds in any way possible during the swimming examination

Medical documentation (please state what you attach to the questionnaire)

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date and signature of the candidate

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date and signature of the registrar

**INFORMATION CONCERNING PERSONAL DATA PROCESSING
ALONG WITH THE CONSENT TO PROCESS PERSONAL DATA**

Pursuant to art. 13 of the General Data Protection Regulation of the European Parliament 2016/679 dated 27th April 2016 concerning the protection of natural persons due to personal data processing and free movement of data mentioned above as well derogation of the directive 95/48/WE (General Data Protection Regulation, hereinafter GPDR) the Medical University of Gdańsk presents information concerning rules on your personal data processing amid the adaptation of the entrance exam for candidates with disabilities or chronically ill:

1. Data of the controller of personal data: 1. The Medical University of Gdańsk, Maria Skłodowska-Curie 3A str, 80-210 Gdańsk, phone number 58 349 10 00, TAX NO.: 584 095 5985, National Business Registry Number: 000288627.
2. Data Protection Officer in the University: Piotr Małecki, MA, e-mail: iod@gumed.edu.pl, phone number: 58 349 10 27
3. Purpose and legal basis: adaptation of the entrance examination to facilitate the candidate's participation in the admission process – art. 6 sect. 1 letter c) and e) of GPDR, medical data – art. 9 sect. 2 letter a) of GPDR
4. Receivers of the personal data: entities to whom the controller has granted the processing of the personal data: suppliers of accounting, legal, counselling and IT services.
5. Receivers of the personal data outside the European Economic Area: the controller of the personal data shall not forward any personal data outside of the European Economic Area.
6. The duration of storing the personal data is ruled by: 1) the duration of studies, 2) generally binding law.
7. Rights connected with personal data: 1) access to your data and to be given a copy of it; 2) rectification your data 3) restriction of processing; 4) objection to processing your data based on art. 6 sect. 1 letter e of GPDR; 5) lodging a complain to the supervising authority; 6) withhold the consent to processing your data in any time – regarding the medical data.
8. Basis to provide the personal data: providing personal data is voluntary but necessary to benefit from the assistance for candidates with disabilities or chronically ill offered by the Medical University of Gdańsk.
9. Based on given personal data the University does not predict to automise decision making or profiling.

I hereby declare that I have understood the content of the information above. 0

..... date and legible signature

Pursuant to art. 9 sect. 2 letter. a) of the General Data Protection Regulation of the European Parliament 2016/679 dated 27th April 2016 concerning the protection of natural persons due to personal data processing and free movement of data mentioned above as well derogation of the directive 95/48/WE - General Data Protection I hereby agree to processing my personal sensitive data

Appendix no. 1 to the Resolution no. 37/2020 of the MUG's Senate dated 29th June 2020
by the Medical University of Gdańsk to the necessary degree needed to considerate my application to
adapt the organisational means facilitating the participation in the admission process.

..... date and legible signature