



Appendix No. 1 to Terms and Conditions of Enrollment and Participation in the Modernized Curriculum of the Graduate Studies
in Psychology
under the Project "Wizja przyszłości" (Vision of the Future) POWR03.05.00-00-Z036/18

03.11.2020 Updated Version

APPLICATION FORM FOR PSYCHOLOGY STUDENTS¹ OF THE UNIVERSITY OF ECONOMICS AND HUMAN SCIENCES IN WARSAW (FULL-TIME AND PART-TIME)

Note! The questionnaire should be completed in English, legibly: electronically (on the computer) or manually – in capital letters only. All boxes must be filled in.

I. COMMON DATA	
Project title	„Wizja przyszłości” (Vision of the Future)
Project number	POWR.03.05.00-00-Z036/18
Operational Programme	Program Operacyjny Wiedza Edukacja Rozwój (Operational Programme Knowledge Education Development)
Priority axis	III. Higher education for economy and development
Action	3.5 Comprehensive higher education programmes
II. APPLICATION DATA - Completed by the University	
Reference number	
Date and time of receipt	
Signature of the person accepting the form	

III. RESPONDENT'S DATA	
Last name	
Name(s)	
PESEL	
Education (mark with a cross [x])	1 <input type="checkbox"/> None ISCED 0 (no formal education) 2 <input type="checkbox"/> primary ISCED 1 (completed primary school level education) 3 <input type="checkbox"/> lower secondary ISCED 2 (completed lower secondary school level education) 4 <input type="checkbox"/> upper secondary ISCED 3 (completed upper secondary school level education) 5 <input type="checkbox"/> post-secondary non-tertiary education ISCED 4 (completed post-secondary non tertiary school level education) 6 <input type="checkbox"/> short-cycle tertiary education ISCED 5 (completed education at a level of Nauczycielskie Kolegium Językowe [Teacher Training College of Foreign Languages], Kolegium Pracowników Służb Społecznych [College of Social Workers]) 7 <input type="checkbox"/> Bachelor's or equivalent level ISCED 6 (completed undergraduate level education) 8 <input type="checkbox"/> Master's or equivalent level ISCED 7 (completed graduate level education) 9 <input type="checkbox"/> Doctoral or equivalent level ISCED 8 (completed doctoral level education)
IV. RESPONDENT'S CONTACT DETAILS ²	
Voivodeship (Province)	
Powiat (District)	
Gmina (Municipality)	
Town/City	
Street	
Building number	
Apartment number	
Postcode	
5. Contact phone number	

¹ IV, V years of uniform master's studies and II degree master's studies in full-time and part-time mode

² Please indicate the same address which was given when submitting enrollment documents at the University.

„Wizja przyszłości” (Vision of the Future)

Project offices: University of Economics and Human Sciences in Warsaw
Okopowa 59, 01 - 043 Warsaw, 6th floor, room 615 (European Projects Department)

www.vizjaprzyszlosci.vizja.pl, vizjaprzyszlosci@vizja.pl



6. E-mail address	
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V. SUPPORT DETAILS

Labor market status of the person at the time of joining the project	<input type="checkbox"/> Unemployed, not registered with the labor office	<input type="checkbox"/> Long-term unemployed <input type="checkbox"/> Other
	<input type="checkbox"/> Unemployed, registered with the labor office	<input type="checkbox"/> Long-term unemployed <input type="checkbox"/> Other
	<input type="checkbox"/> Professionally passive	<input type="checkbox"/> Not actively participating in education or trainings <input type="checkbox"/> Person in education <input type="checkbox"/> Other
	<input type="checkbox"/> Employed person	<input type="checkbox"/> Person employed in government administration <input type="checkbox"/> Person employed in local government <input type="checkbox"/> Person employed in a SME <input type="checkbox"/> Person employed in a non-governmental organization <input type="checkbox"/> Self-employed <input type="checkbox"/> Person employed in a large enterprise
If employed	Occupation	<input type="checkbox"/> Other <input type="checkbox"/> Practical vocational training instructor <input type="checkbox"/> General education teacher <input type="checkbox"/> Preschool teacher <input type="checkbox"/> Vocational training teacher <input type="checkbox"/> Health care worker <input type="checkbox"/> Key personnel in a social assistance and integration institution <input type="checkbox"/> Employee of a labor market institution <input type="checkbox"/> Employee in a higher education institution <input type="checkbox"/> Family support and foster care worker <input type="checkbox"/> Employee of as social economy support center <input type="checkbox"/> Employee of a psychological and pedagogical clinic <input type="checkbox"/> Farmer/agriculturist
	Employed at... <i>please enter the name of the institution/company and the name of the occupation</i>	

VI. STATUS OF THE PARTICIPANT AT THE TIME OF JOINING THE PROJECT

Person belonging to a national or ethnic minority; migrant, foreigner	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refusal to provide information
Homeless person or affected by exclusion from access to housing	<input type="checkbox"/> No <input type="checkbox"/> Yes
Person with disabilities	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refusal to provide information
Person at a social disadvantage (other than those listed above)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refusal to provide information
VI. ADDITIONAL INFORMATION	



Number of developmental activities in the last calendar year (<i>training courses, conferences, scientific competitions, clubs, etc.</i>)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
I have used similar support, with similar scope, in the past	<input type="checkbox"/> No <input type="checkbox"/> Yes, (indicate under which project(s), along with the date(s))
VII. GRADE AVERAGE IN THE THIRD YEAR OF STUDIES	

VIII. I ASSESS MY MOTIVATION TO PARTICIPATE IN THE PROJECT AS:
<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH

.....
Legible signature (first and last name)

Appendices to the Application Form:

1) *Appendix No. 1 Competencies of the Participant*

DECLARATION OF THE PARTICIPATION CANDIDATE

First and last name _____

I hereby declare that I have read the terms and conditions of participation in the project “Vizja Przyszłości” (Vision of the Future) POWR.03.05.00-00-Z036/18 contained in *the Terms and Conditions of Enrollment and Participation in the Modernized Curriculum of the Graduate Studies in Psychology* and according to the requirements I am allowed to participate. At the same time, I accept the Terms and Conditions and I am aware of the obligation to participate in the planned support path for the implementation of the above-mentioned



project under the Operational Programme Knowledge Education Development, Axis III. Higher education for economy and development, Action 3.5 *Comprehensive higher education programmes*

Warsaw, on _____
(place) (candidate's signature)

In addition:

- I consent to the processing of my personal data by the Project Promoter; thus, I agree to further recruitment proceedings involving myself.
- I have been informed that the Project is co-financed by the European Union under the European Social Fund and by the state budget.
- I have been informed about the possibility of refusing to provide sensitive data, i.e. race and ethnic data, as well as health-related data.
- I am aware that submitting *the Application Form (...)* does not constitute qualification to participate in the Project.
- I agree to participate in the questionnaires/tests/surveys of competencies during and after my participation in the Project.
- I agree to attend the courses consistently and actively participate in the planned support path in Psychology studies.
- I agree to obtaining credit in the form provided for a given course within the modernized curriculum planned in the Project.
- I agree to inform the University of Economics and Human Sciences in Warsaw of any changes in the above-mentioned information by submitting a written update³ to this document within a maximum of 7 days after the change has occurred.

I hereby declare that the above data are true and accurate, and I am aware of the criminal liability under art. 297 § 1 of the Penal Code for making false statements or concealing the truth.

Warsaw, on _____
(place) (candidate's signature)

Information clause

Since 25 May 2018, the provisions of 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/EC (General Data Protection Regulation – hereinafter “Regulation”) apply, therefore, in accordance with the wording of art. 13, sec. 1 and sec. 2 of the Regulation, please read the information below.

3A written update shall be submitted on the *Application Form (...)* which constitutes Appendix No. 1 to these *Terms and Conditions*.

„Vizja przyszłości” (*Vision of the Future*)

Project offices: University of Economics and Human Sciences in Warsaw
Okopowa 59, 01 - 043 Warsaw, 6th floor, room 615 (European Projects Department)

www.vizjaprzyszlosci.vizja.pl, vizjaprzyszlosci@vizja.pl



Who is the personal data controller?

The controller of personal data shall be the The University of Economics and Human Sciences in Warsaw (“AEH”), ul. Okopowa, 01-043 Warsaw, e-mail address: zgloszenia@vizja.pl.

What is the purpose and legal basis for personal data processing?

Your personal data will be processed only to the extent and for the purpose necessary to conduct the enrollment process under the project “Vizja przyszłości” (Vision of the Future) co-financed by the European Union, under the European Social Fund Operational Programme Knowledge Education Development, Priority Axis III Higher Education for Economy and Development, Action 3.5 Comprehensive programmes of higher education institutions, within the extent of your consent under art. 6, sec. 1, letter a) of the Regulation.

Do you have to give us your personal data?

Providing personal data is voluntary, but necessary to take part in the enrolment process.

What are the categories of recipients?

The categories of recipients of your data include the staff of the European Projects Department authorized by the Data Controller and other persons authorized by law.

What rights do you have?

You have the right to access the content of your data and the possibility to obtain a copy of your data, as well as the right to correct, delete, request a restriction of processing or object to the processing of the data, and the right to transfer data and withdraw this consent at any time. The consent may be withdrawn via a written or electronic request form sent to the Data Controller.

Is it possible to lodge a complaint concerning data processing and if so - where?

You have the right to lodge a complaint regarding the processing of your data with the Supervisory Authority if you believe that the processing of your data violates the Regulation.

How long will your data be processed and stored?

Your personal data will be processed and stored for the time indicated in the agreement for funding under the “Vizja przyszłości” (Vision of the Future) project, and after that time the data can be processed and stored for the period of limitation of possible claims.

Will the data be processed in an automated way?

These data will be processed in an automated way and will be profiled. The processing of the data will be used, among others, for assessing information which is or will be held by the Data Controller.

DECLARATION OF CONSENT

I declare that I have read the above information clause and I agree to the processing by the University of Economics and Human Sciences in Warsaw of my personal data necessary to carry out the enrollment process announced under the project “Vizja przyszłości” (Vision of the Future).



.....
(candidate's signature(s))