*Annex 3 to the Regulations for recruitment, participation and payment of scholarships in the SPINAKER project "Brand Management on the International Market - Polish Experience"*

**PARTICIPANT PERSONAL DATA FORM**

**to be entered into the Agency's ICT system for the purpose of monitoring project participants**

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| **Data of the non-competition project** | NAWA Project entitled "Supporting the institutional capacity of Polish universities through creation and implementation of international study programs" (no. POWR.03.03.00-00-PN16/18), implemented under Measure: 3.3 Internationalization of Polish higher education, Operational Program Knowledge Education Development |
| **Name of the NAWA programme**  | Programme “SPINAKER” - The International Intensive Curricula |
| **Agreement or Project number** | **BPI/SPI/2021/1/00026/U/00001** |
| **Name of the Beneficiary** | *Siedlce University of Natural Sciences and Humanities* |
| **Project Title** | **Brand management on the international market - the Polish experience** |

**Beneficiary data** *(to be filled in by the Beneficiary)*

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| Country | Name of the institution | Tax id. no. (NIP) | Type of the institution |
| **Poland** | Siedlce University of Natural Sciences and Humanities | *Please select the appropriate answer:*❒ Lack of tax id. no. (NIP)**❒ tax id. no. (NIP)- please enter the number below**: **821-001-44-90** | *Please select the appropriate answer:*❒ **university**❒ Polish Academy of Sciences❒ Scientific Institute of the Polish Academy of Sciences❒ research institute❒ international research institute❒ institutes operating within the Łukasiewicz Research Network❒ federation of entities of the higher education and science system❒ other |
| Voivodeship | Poviat  | Commune | Town/City |
| **Mazowiecki** | **Siedlce** | **Siedlce** | **Siedlce** |
| Street | Building no. | Apartment no. | Postal code |
| **Konarskiego** | **2** |  | **08-110** |
| Area by degree of urbanization (DEGURBA) | Contact telephone number | E-mail |
| *The field should be left blank. These data will be completed automatically at the further stage of processing the data of project participants in the SL2014 system.* |  |  |

**Data of the Project Participant** *(to be filled in by the Participant)*

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| Country | Type of participant | Name of the institution represented by the Participant |
|  | *Please select one of the following answers:*❒ foreign student❒ foreign doctoral student❒ domestic student❒ domestic doctoral student❒ teaching / academic staff❒ administrative staff |  |
| Name | Surname | Personal id. no. (PESEL) |
|  |  | *Please select one of the following answers:*❒ I don't have personal id. no. (PESEL)❒ I have personal id. no. (PESEL) - please enter the number:

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| Sex | Age | Education |
| *Please select one of the answers below:*❒ female❒ male | *Please enter your age at the time of joining the Project:* | *Please select the appropriate answer:*❒ lower than primary (ISCED 0)❒ primary (ISCED 1)❒ lower secondary (ISCED 2)❒ upper secondary (ISCED 3)❒ post-secondary (ISCED 4)❒ higher (ISCED 5-8) |
| Voivodeship | Poviat  | Commune | Town/City |
| *In the case of foreign participants, the field may remain blank* | *In the case of foreign participants, the field may remain blank* | *In the case of foreign participants, the field may remain blank* |  |
| Street | Building no. | Apartment no. | Postal code |
|  |  |  |  |
| Area by degree of urbanization (DEGURBA) | Contact telephone number | E-mail |
| *The field should be left blank. These data will be completed automatically at the further stage of processing the data of project participants in the SL2014 system.* |  |  |

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| **Participant status at the time of joining the Project** |
| A person belonging to a national or ethnic minority, migrant, person of foreign origin | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| Homeless person or a person deprived of access to housing | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| A person with disabilities | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| A person experiencing a different social disadvantage | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |

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| …..………………………………………………..……..……PLACE AND DATE | …………………………………………………………………………..……LEGIBLE SIGNATURE OF THE PROJECT PARTICIPANT |
| …..……………………………………………………….……PLACE AND DATE | ………………………………………………………………………..……..LEGIBLE SIGNATURE OF THE PERSON RECEIVING THE FORM ON THE PART OF THE BENEFICIARY |