

POWER OF ATTORNEY

I, the undersigned,

Data of the statutory representative (parent or legal guardian):	
Given name and surname	
Home address	
Series and number of the identity document	
Issue date	
Issuing authority	
Telephone number	
E-mail address	

acting based on the following document made available for inspection:

birth certificate

document of appointment of the guardian¹

.....

the above document has been presented
signature of the person receiving the Power of Attorney
for MUG

in the capacity of the legal representative of:

Data of the candidate student	
Given name and surname	
Date of birth	
Home address	

¹ Tick as appropriate

Series and number of the identity document	
Issue date	
Issuing authority	
Telephone number	
E-mail address	

confer this power of attorney onto:

Data of the attorney	
Given name and surname	
Home address	
Series and number of the identity document	
Issue date	
Issuing authority	
Telephone number	
E-mail address	

to take all actions in the course of the recruitment procedure at the Medical University of Gdańsk, and in particular to:

- 1) submit the application for admission to the University and inclusion in the student list;
- 2) consent to the processing of personal data;
- 3) sign the vow deed,
- 4) receive any certificates or documents;
- 5) represent the statutory representative at the candidate student's medical examinations.

This power of attorney shall expire as of its revocation day, or as of the day the candidate student becomes of age.

Information on the processing of personal data

I give my consent to the processing of my personal data by the Medical University of Gdańsk in accordance with the information notice below.

Pursuant to Art. 13 of the 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 referred to as the GDPR, please be informed that:

1. The Controller of your personal data and of the data of the child/person under your care*, as contained in this document, is the Medical University of Gdańsk with its registered address of: ul. M. Skłodowskiej-Curie 3a, 80-210 Gdańsk.
2. The Personal Data Administrator has appointed the Data Protection Officer who can be contacted at the following telephone number: (58) 3491027 or the following e-mail address: iod@gumed.edu.pl.
3. You have been informed that the provision of the data and participation in the pre-qualification for the studies of your child/person under your legal care* is voluntary, though failure to provide the data shall preclude participation in the student recruitment process.
4. The personal data shall be processed in connection with and for the purpose of carrying out the recruitment, and – should the pre-qualification prove successful – in connection with and for the purpose of the process of educating your child/person under my legal care*, for archiving and statistical purposes, and for establishing and seeking potential claims in the situations envisaged in the regulations of the law, as well as for notifying you, should the need arise, of an accident suffered by your child/person under your legal care*.
5. The accumulated data shall be processed based on the regulations of the law, especially the Law of Higher Education and Science Act of 20 July 2018 and the secondary legislation to the Act of Law, and in the event the recruitment proves successful also based on the contract, whereas as concerns the data processed in connection with the consent given – the said consent.
6. The data shall be processed solely in the periods indispensable for the attainment of the above specified purposes defined in the regulations of the law, and as concerns the recruitment purposes – for the period any actions are taken in relation to the process,

and in case of successful admission to the University – for the duration of the studies, and for the following 50 years for archiving purposes.
7. The recipients of your personal data shall be: the entities entitled to receive the data under the letter of the law, and the person the Data Controller authorises to process the data in performance of the duties of his/her job. Other recipients of the data may also include such entities as e.g. the occupational medicine unit commissioned by the Data Controller to provide service, especially to provide service to the students of the courses given by the MUG, as well as other entities based on a data processing agreement.
8. Neither your personal data, nor the data of your child/person under your legal care* processed by the Medical University of Gdańsk shall be subject to automatized decision-making or profiling.
9. The data subject enjoys the right to access his/her data, rectify them, obtain a copy thereof, to lodge a complaint to the supervisory authority, i.e. the President of the Personal Data Protection Office, should he/she decide that the processing violates the personal data protection regulations; moreover, in the circumstances prescribed by the law, he/she can exercise the right to restrict the processing of the data, demand that the data be erased, or raise an objection to their processing.
10. The Data Controller has no intention to transfer any personal data to a third country or an international organisation.

Place:

Date:

Given name and surname:

Hand-written signature of the **statutory representative**²:

Place:

Date:

Given name and surname:

Hand-written signature of the **attorney**:

I, the undersigned, declare I have been informed of the principles and circumstances relating to the processing of my personal data. Being under age, I am aware that the authority to act in my name rests with my parents/legal guardians*, and that until the time I become of age they can have access to my data, to my education progress, and other information connected with the course of my studies and my person.

.....

Date, full name of the candidate student in hand-writing

*Delete as appropriate

² Notarial authentication of the signature placed by the statutory representative