Surname: ………………………………………………………………………….……………………………………(please print)

First name(s): ………………………………………………………………………………………………………..(please print)

I hereby give consent for my personal data to be processed in matters pertaining to: **the Visiting Professors Program at the Jagiellonian** **University** for the purposes of registration and participation in the said program in accordance with the **Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 with regard to the processing of personal data and in accordance with the information clause attached to my consent.**

In accordance with Article 13 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** (…) (“General Regulations”) **the Jagiellonian University informs that**, **the administrator of your personal data is the Jagiellonian University** ul. Gołębia 24, 31-007 Kraków. **A Data Protection Officer has been appointed by the Jagiellonian University who is based at** ul. Gołębia 24, 31-007 Krakow, room no. 4. **The Officer can be contacted via e-mail:** iod@uj.edu.pl **or by phone – 12 663 12 25**. Your personal data will be processed for the purpose of submitting, reviewing, evaluating your application for the VP Program, as well as throughout your mobility at the Jagiellonian University, should you partake in the program. **Providing personal data is voluntary. However,** it is obligatory for the above named purposes. **Your personal data will be retained for the duration of** the review of your application, and in case of acceptance to the program, for the period specified by law, or until your withdrawal of the herein consent. **You have the right to: access the data and demand its rectification, deletion, processing restrictions, transfer the data, object to the processing of data, withdraw your consent at any time in cases and under the conditions stipulated in “General Regulations”. The withdrawal of consent shall result in** inability to process your application. **The withdrawal of consent may be sent by email to** monika.kolek@uj.edu.pl or to your contact faculty member at the host faculty. **You have the right to file a complaint with** The President, Personal Data Protection Office (UODO) **if you consider the processing of your personal data to be in violation of the provisions of the “General Regulations”.**

I hereby confirm that I have read and understood the above information.

(if you agree, please tick the boxes)

*(signature, date)*

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