JAGIELLONIAN UNIVERSITY IN KRAKOW
SCHOOL OF POLISH LANGUAGE AND CULTURE
A non-intensive semester course of Polish language 'MY POLISH'

February 17th 2020-June 12th 2020
Number of hours: 60 **Classes**: twice a week, ninety minutes each
First meeting: Monday, February 17th, 5:00 p.m., School of Polish Language and Culture, 7A Garbarska Street

(please fill in with capital letters!)

1. Last name: |.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|

2. First name: |.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|

3. Sex: ☐ M ☐ F **Date of birth**: |.....|.....|.....|.....|-|.....|.....|-|.....|.....| Age: |.....|.....|
year *month* *day*

4. Country of origin: ……

5. ☐ **ID or** ☐ **Passport number:** ……..…… Expiration Date:…… Country of issue:……..

6. Permanent residential address:

……

……

7. Citizenship: |.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|.....|

8. E-mail address: *(please PRINT)* ..... **Contact phone number:** ……

9. Rate your knowledge of the Polish language:

oral	☐	☐	☐	☐	☐
	none	poor	fair	good	excellent
written	☐	☐	☐	☐	☐
	none	poor	fair	good	excellent

10. For how long have you been learning Polish? Which books have you been using? Do you already have a certificate of Polish language proficiency?
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.....

11. How did you learn about the course?
.....

12. Program fee: PLN 1490 should be paid no later than on the first week of the course**.**

Payment by: ☐ **Bank transfer**
Following receipt of the application form we will e-mail you the individual bank account number to which you should transfer payment. Please remember that all bank charges should be covered by the participant.
If you pay by bank transfer, please fax or e-mail the proof of payment!

Payment by: ☐ **Credit Card**
Please bill my Credit Card: ❑ Visa ❑ MasterCard ❑ JCB
Card # _____ Expiration Date _____ Signature_____
Please remember that all bank charges should be covered by the participant.
The School does not accept payment in cash.

13. Please provide the details of the person/institution for whom the invoice ("faktura") should be issued:
……
……
……

Signature_____ Date_____

INFORMATION OF THE PROCESSING OF YOUR PERSONAL DATA

Pursuant to 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 and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation; hereinafter the "General Regulation" or "GDPR"), this is to inform you that:

1. The **controller** of your personal data is the **Jagiellonian University**, of ul. Gołębia 24, 31-007 Kraków, Poland, represented by the President of the University (*Rektor Uniwersytetu Jagiellońskiego*).
2. **The Jagiellonian University has appointed a Data Protection Officer** (*Inspektor Ochrony Danych*), Room 31, ul. Gołębia 24, 30-007 Kraków. The Officer can be contacted by e-mail at iod@uj.edu.pl or by telephone at +48 12 663 12 25.
3. Your personal data as entered in the Application Form (enrollment request form) will be processed – **on the basis of your consent (see below) – in order to enable you to take part in a non-intensive one-semester program 'My Polish' organized by the School of Polish Language and Culture of the Jagiellonian University in Kraków:**
   - to be added to the list of participants and entered in the School database;
   - to have your name added to the class attendance rosters;
   - to have your name added to the language course lists with permission to post such lists in the School's rooms;
   - to be added to the lists prepared for various events, such as field trips;
   - to draft a certification, a certificate, a transcript, etc., with permission to forward it to the institution of your choice
   - if separate consents are granted – for the School to use your image for promotional purposes.
   - if a separate consent is granted – for the School to send information about its programs.
4. The supply of your personal data is voluntary; however, it is necessary in order for you to take part in the program. **Failure to supply personal data will result in your illegibility for the program.**
5. Your personal data will be **made available to**: institutions, businesses, and individuals cooperating with the School of Polish Language and Culture for the purposes of the program, for example institutions whose facilities are to be visited by the participants as part of the program and who require a list stating the participants' names before admitting them.
6. Your personal data will be **stored for the duration** of the program, and upon its conclusion for the **period required by the law for archival purposes** or until your consent is canceled (unless the continued storage of such data is a mandatory legal requirement).
7. You have **the right to**: access the content of your data and request their rectification, erasure, portability, or restriction of processing, and also the right to object to the processing thereof for marketing purposes – in the cases and on the terms set out in the General Regulation.
8. You also have **the right to withdraw your consent** at any time, without affecting the lawfulness of processing based on your consent before its withdrawal. The withdrawal of your consent to the processing of your personal data can be:
   - sent by e-mail to: **plschool@uj.edu.pl, iod@uj.edu.pl**;
   - sent by traditional mail to: **School of Polish Language and Culture, ul. Garbarska 7A, 31-131 Kraków, Poland**; or
   - effected personally by appearing at the **School of Polish Language and Culture, ul. Garbarska 7A, 31-131 Kraków, Poland.**

   The consequence of the withdrawal of your consent to the processing of data shall be the **removal of your name from the list of participants of the relevant program.**
9. You have the right to lodge a complaint with the **President of the Office for Personal Data Protection in Poland** (*Prezes Urzędu Ochrony Danych Osobowych*) if you find that that the processing of your personal data violates any of the provisions of the GDPR.

I acknowledge that I have read and understand the information provided above.	…… *town, date, and legible signature*

Consent to the Processing of Personal Data

I hereby consent to the processing of my personal data to the extent required in the Application Forms (enrolment request forms) for the purpose of my **participation in a non-intensive one-semester program 'My Polish' organized by the School of Polish Language and Culture of the Jagiellonian University in Kraków**, in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation) and in compliance with the Information enclosed with this consent form.

……
place of signing, date, and legible signature

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I hereby consent to the use of my image (photographs and/or video recordings) free of charge in educational and publicity materials (whether in hardcopy or in electronic form) pertaining to the operation of the School and prepared in connection with its programs.

☐ Yes ☐ No

……
town, date, and legible signature

****

I hereby consent to the use of my image free of charge in social media relevant to the operation of the School.

☐ Yes ☐ No

……
town, date, and legible signature

****

I hereby consent to receiving information about the programs offered by the School (sent by electronic means or by traditional mail to the addresses specified by me).

☐ Yes ☐ No

……
town, date, and legible signature