

Participant personal data form
to be entered into the Agency's ICT system
for the purpose of monitoring project participants

PARTICIPANT PERSONAL DATA FORM

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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	SPINAKER – International Intensive Programmes
Agreement or Project number	BPI/SPI/2021/1/00063/U/00001
Name of the Beneficiary	University of Silesia in Katowice
Project Title	'WOLIN/JÓMSBORG: A MEETING POINT OF SLAVS AND SCANDINAVIANS IN THE MIDDLE AGES – INTERNATIONAL SUMMER SCHOOL"

Beneficiary data (to be filled in by the Beneficiary)

Country	Name of the institution	Tax id. no. (NIP)	Type of the institution
		<i>Please select the appropriate answer:</i> <input type="checkbox"/> Lack of tax id. no. (NIP) <input type="checkbox"/> tax id. no. (NIP)- please enter the number below:	<i>Please select the appropriate answer:</i> <input type="checkbox"/> university <input type="checkbox"/> Polish Academy of Sciences <input type="checkbox"/> Scientific Institute of the Polish Academy of Sciences <input type="checkbox"/> research institute <input type="checkbox"/> international research institute <input type="checkbox"/> institutes operating within the Łukasiewicz Research Network <input type="checkbox"/> federation of entities of the higher education and science system <input type="checkbox"/> other
Voivodeship	Powiat	Commune	Town/City
Street	Building no.	Apartment no.	Postal code
Area by degree of urbanization (DEGURBA)	Contact telephone number	E-mail	
<i>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.</i>			

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

Country		Type of participant		Name of the institution represented by the Participant				
		<i>Please select one of the following answers:</i> <input type="checkbox"/> foreign student <input type="checkbox"/> foreign doctoral student <input type="checkbox"/> domestic student <input type="checkbox"/> domestic doctoral student <input type="checkbox"/> teaching / academic staff <input type="checkbox"/> administrative staff						
Name		Surname		Personal id. no. (PESEL)				
				<i>Please select one of the following answers:</i> <input type="checkbox"/> I don't have personal id. no. (PESEL) <input type="checkbox"/> I have personal id. no. (PESEL) - please enter the number: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>				
Sex		Age		Education				
<i>Please select one of the answers below:</i> <input type="checkbox"/> female <input type="checkbox"/> male		<i>Please enter your age at the time of joining the Project:</i>		<i>Please select the appropriate answer:</i> <input type="checkbox"/> lower than primary (ISCED 0) <input type="checkbox"/> primary (ISCED 1) <input type="checkbox"/> lower secondary (ISCED 2) <input type="checkbox"/> upper secondary (ISCED 3) <input type="checkbox"/> post-secondary (ISCED 4) <input type="checkbox"/> higher (ISCED 5-8)				
Voivodeship		Poviat		Commune		Town/City		
<i>In the case of foreign participants, the field may remain blank</i>		<i>In the case of foreign participants, the field may remain blank</i>		<i>In the case of foreign participants, the field may remain blank</i>				
Street		Building no.		Apartment no.		Postal code		
Area by degree of urbanization (DEGURBA)			Contact telephone number			E-mail		
<i>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.</i>								

Participant status at the time of joining the Project (to be completed by the Beneficiary in agreement with the Project Participant)

A person belonging to a national or ethnic minority, migrant, person of foreign origin	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> No - I do not belong to this group</p> <p><input type="checkbox"/> I refuse to provide the information</p> <p><input type="checkbox"/> Yes - I belong to this group</p>
Homeless person or a person deprived of access to housing	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> No - I do not belong to this group</p> <p><input type="checkbox"/> I refuse to provide the information</p> <p><input type="checkbox"/> Yes - I belong to this group</p>
A person with disabilities	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> No - I do not belong to this group</p> <p><input type="checkbox"/> I refuse to provide the information</p> <p><input type="checkbox"/> Yes - I belong to this group</p>
A person experiencing a different social disadvantage	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> No - I do not belong to this group</p> <p><input type="checkbox"/> I refuse to provide the information</p> <p><input type="checkbox"/> Yes - I belong to this group</p>

The status of the participant on the labour market at the time of joining the Project (to be completed by the Beneficiary in agreement with the Project Participant)

Professionally inactive person, including:	<input type="checkbox"/> other
Working person, including:	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> in government administration</p> <p><input type="checkbox"/> in local government administration</p> <p><input type="checkbox"/> in MSME</p> <p><input type="checkbox"/> in a large enterprise</p> <p><input type="checkbox"/> in a non-governmental organization</p> <p><input type="checkbox"/> self-employed</p> <p><input type="checkbox"/> other</p>
Profession performed:	<p>Please select the appropriate answer:</p> <p><input type="checkbox"/> practical vocational training instructor</p> <p><input type="checkbox"/> general education teacher</p> <p><input type="checkbox"/> pre-school education teacher</p> <p><input type="checkbox"/> vocational education teacher</p> <p><input type="checkbox"/> employee of a healthcare system institution</p> <p><input type="checkbox"/> key employee of a welfare and social integration institution</p> <p><input type="checkbox"/> employee of a labour market institution</p> <p><input type="checkbox"/> employee of a higher education institution</p> <p><input type="checkbox"/> employee of an institution of family support system and foster care</p> <p><input type="checkbox"/> employee of a social economy support centre</p> <p><input type="checkbox"/> employee of a psychological and pedagogical counselling centre</p> <p><input type="checkbox"/> farmer</p> <p><input type="checkbox"/> other</p>
Place of employment:	

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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