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|  | **APPLICATION FORM (SMT)** ERASMUS+ Programme  | http://up.lublin.pl/files/promocja/SIW/up_logo-eng-poziom.png |

Project no. / academic year…………………………………………………………………………………(To be filled out by IRO)

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| --- | --- |
| ERASMUS CODE: **PL LUBLIN04** |  |
|  |
| **HAND-WRITTEN FORMS WILL NOT BE ACCEPTED. Insert your photo.** |
|  |
| **PERSONAL INFORMATION** |
| SURNAME |  |
| NAME |  |
| DATE OF BIRTH (DD-MM-YY) |  |
| PLACE OF BIRTH |  |

|  |  |
| --- | --- |
| NATIONALITY |       |
| ID NUMBER |       |
| STUDENT’S INDEX NUMBER |       |
| FULL PERMANENT ADDRESS |       |
| CURRENT ADDRESS (if different than above) |       |
| TELEPHONE NUMBER ( + AREA CODE) | +48  |
| E-Mail |  |
| **DATA NECESSARY FOR SCHOLARSHIP PAYMENT** |
| BANK TRANSFER (ACCOUNT IN EUR OBLIGATORY*)* | [ ]  |
| BANK ACCOUNT NUMBER |       |
| BANK NAME AND ADDRESS |       |
| **SENDING INSTITUTION – DOCTORAL SCHOOL** |
| **STUDY YEAR WHILE APPLYING FOR ERASMUS+ MOBILITY** |  |
| FIELD OF STUDIES |  |
| DISCIPLINE |  |
| STUDY CYCLE | [ ]  DOCTORAL SCHOOL |
| RECRUITMENT PROCESS | [ ]  REGULAR [ ]  PROJECT [ ]  INDUSTRIAL DOCTORAL PROGRAMME  |
| LANGUAGE OF INSTRUCTION DURING MOBILITY |       |
| STUDENT WITH DISABILITY | [ ]  YES [ ]  NO |
| GREEN TRAVEL OPTION (BUS, TRAIN, CARPOOLING) | [ ]  YES [ ]  NO |
| **RECEIVING INSTITUTION** |
| IF THE RECEIVING INSTITUTION IS A UNIVERSITY UNIT(ENUMERATE 3 INSTITUTIONS ACCORDING TO YOUR PREFERENCES) |  |
| ENUMERATE 3 INSTITUTIONS ACCORDING TO YOUR PREFERENCES | ERASMUS CODE |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| RECEIVING INSTITUTION (OTHER THAN A UNIVERSITY UNIT |  |
| COUNTRY |  |
| Mobility period FROM **TO**  | [ ]  LONG-TERM MOBILITY ( LASTING AT LEAST 2 MONTHS)[ ]  SHORT-TIME MOBILITY (LASTING FROM 5 TO 30 DAYS) |
| **PREVIOUS ERASMUS+ MOBILITIES (STUDIES OR TRAINEESHIP, ENUMARATE ALL OF THEM INCLUDING ONES YOU APPLIED FOR AT A DIFFERENT SENDING INSTITUTION)** |
| TYPE OF MOBILITY AND STUDY CYCLE |
| TYPE OF MOBILITY AND STUDY CYCLE | PERIOD OF MOBILITY | ERASMUS CODE OF RECEIVING INSTITUTION ( if any) |
| STUDIES [ ]  I [ ]  II [ ]  III | FROM **T**O  |       |
| TRAINEESHIP [ ]  I [ ]  II [ ]  III | FROM **T**O  |       |
| ……... [ ]  I [ ]  II [ ]  III | FROM **T**O  |       |
| **Briefly state the reason why you are applying for this mobility** |
|  |

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| **ADDITIONAL INFORMATION** |
| *HOW DID YOU LEARN ABOUT ERASMUS + OPPORTUNITTIES****(CHOOSE ONE OPTION)*** | [ ]  A MEETING ORGANISED BY ERASMUS OFFICE[ ]  ERASMUS DAY ORGANISED BY ERASMUS OFFICE [ ]  WEBSITE [ ]  LEAFLET [ ]  FROM FORMER MOBILITY PARTICIPANT [ ]  OTHER STUDENTS [ ]  FROM FACULTY COORDINATOR [ ]  FROM MY ACADEMIC TEACHER[ ]  OTHER ( WHAT?): ………  |
| *STUDY-BUDDY EXPERIENCE AT UNIVERSITY OF LIFE SCIENCES IN LUBLIN* | [ ]  YES [ ]  NO |
| **LANGUAGE COMPETENCE** |
| FOREIGN LANGUAGE | LEVEL[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native |

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| **TO BE FILLED OUT AND SIGNED BY DEAN’S OFFICE CLERK** |
| THE AVERAGE GRADE FOR THE LAST COMPLETED SEMESTER : …………. | ………………………………………*(*SIGNATURE AND STAMP OF DOCTORAL SCHOOL CLERK*)* |
| „CONDITIONAL EXAMS ” FROM THE FOLLOWING COURSES:…………………………………………………………………………………………………………………… |

***DECLARATION:***

□ I am aware that the Erasmus+ scholarship awarded under the Erasmus+ Programme is paid in Euro. I declare that the bank account number I provided in the registration form is a currency account held in Euro.

□ I declare that I have read the following documents:

'Qualification and implementation procedure for the mobility for study (SMS)’

 'Financial procedure for the mobility for studies”.

□ In case of qualification for the exchange, I undertake to purchase appropriate insurance (medical expenses, accident insurance, civil liability insurance, in accordance with the document - 'Qualification and implementation procedure for the mobility for study (SMS)’

□ I am aware that the Erasmus+ Programme scholarship: Higher Education (Key Action 1 - Learning Mobility) is a form of financial support and does not cover all the costs associated with the exchange and the scholarship period abroad.

 ………………………………………

Lublin, date ……… *candidate’s signature*

**CONSENT TO THE PROCESSING OF PERSONAL DATA
PARTICIPANT OF THE ERASMUS + PROGRAMME –** must be signed separately

|  |  |
| --- | --- |
| Family name\* |       |
| Name(s)\* |       |
| Date of birth\* |       |
| Place of birth\* |       |

Pursuant to the General Data Protection Regulation (hereinafter referred to as RODO) in connection with your accession to the Erasmus+ Programme, we inform you that:

The administrator of your personal data is the European Commission.

The beneficiary of the Erasmus+ Programme is the University of Life Sciences in Lublin represented by the Rector with headquarters at 13 Akademicka Street, 20-950 Lublin;

The Beneficiary has appointed a Data Protection Supervisor overseeing the correctness of the processing of personal data, who can be contacted via e-mail address: anna.buchlinska@up.lublin.pl or by letter to the administrator's address. The Data Protection Supervisor can be contacted on all matters concerning the processing of personal data and the exercise of rights related to its processing;

Your personal data will be processed in order to carry out tasks related to the mobility of the Erasmus+ Programme, including in particular the provision of financial support, monitoring, evaluation, control and reporting, dissemination of results, and conducting information activities under this Programme;

The legal basis for the processing of your personal data is Article 6(1)(b) of the RODO - processing is necessary for the fulfillment of a legal obligation incumbent on the controller arising, in particular, from the Regulation of the European Parliament and of the Council (EU) No. 2021/817 of May 20, 2021 establishing Erasmus+ - the EU Programme for education, training, youth and sports; processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in an institution or body of the Union (Art.6(1)(e)), processing is necessary for the performance of a contract to which the data subject is a party, or to take action at the request of the data subject prior to entering into a contract (contract with participants, grant agreement signed by the organization with a national agency) (Art.6 1(c); processing is based on consent for the purposes of organizational data configuration (including personal data) by national agencies (Article 6(1)(d) of the RODO Regulation and consent for other data processing activities described above and Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union.

Your provision of personal data is a prerequisite for joining the Erasmus+ Programme, and refusal to provide such data is tantamount to the inability to receive support under this Programme;

Your personal data will be processed on behalf of the data controller by authorized employees only for the purposes referred to in paragraph 3.

Your personal data will be kept until the settlement of the Erasmus+2021-2027 Programme and the completion of archiving of documentation.

The following external entities may be the recipients of your personal data:

* - The National Agency of the Erasmus+ Programme, acting as the managing and supervising administrator in Poland,
* - European Commission as the central management and supervisory institution.

Under the terms of the RODO regulations, you have:

* - The right to access the content of your data,
* - The right to rectification, when they are inconsistent with the state, real,
* - The right to erasure, restriction of processing, as well as data portability - in cases provided by law,
* - The right to object to the processing of your data,
* - The right to lodge a complaint to the supervisory authority - the President of the Office for Personal Data Protection, if you consider that the processing of your personal data violates the provisions on personal data protection.

The data will not be shared with external entities except as provided by law (Erasmus+ Programme operator Foundation for the Development of the Education System (FRSE), the partner university and the host organization to which you have been qualified;

Your data may be transferred to a third country (i.e., outside the European Union) depending on the country you choose to study. The data will be transferred under the terms of the law;

Additional information about the purpose of processing your personal data, what data we collect, who has access to it and how it is protected can be found at: [https://ec.europa.eu/Programmes/erasmus-plus/specific-privacy-statement\_en](https://ec.europa.eu/programmes/erasmus-plus/specific-privacy-statement_en)

* I consent to the processing of my personal data for the purpose of preparing my ERASMUS+ documentation in accordance with Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of individuals with regard to the processing of personal data by Union institutions, bodies, offices and agencies and on the free movement of such data and repealing Regulation (EC) No. 45/2001 and Decision No. 1247/2002/EC. The Regulation is a specific regulation of the processes of handling personal data by Union bodies, where the purpose of processing personal data has been specified by such body. Erasmus+ is a European Union Programme in the field of education, training, youth and sports. In view of this, the entity defining the purpose of the Programme is the European Union - precisely the European Commission which acts as the Controller of personal data.
* I give my consent to the processing of my personal data in the form of image for the purpose of promotion and dissemination of the results of the Erasmus+ Programme, by the University of Life Sciences in Lublin, 13 Akademicka St., 20-950 Lublin, and I declare that providing my personal data in the form of image is voluntary and that I have been informed about the right to request access to my personal data, their rectification, deletion or restriction of their processing.

………………….………………………………………………….

Date and signature of the participant of the ERASMUS + Programme