

Consent to the processing of personal data

I hereby consent to the processing by:

- a) Centrum Medyczne Kształcenia Podyplomowego with its seat in Warsaw, ul. Marymoncka 99/103, 01-813 Warszawa,
- b) Instytut Biochemii i Biofizyki PAN with its seat in Warsaw, ul. A. Pawińskiego 5a, 02-106 Warszawa,
- c) Instytut Medycyny Doświadczalnej i Klinicznej im. Mirosława Mossakowskiego PAN with its seat in Warsaw, ul. A. Pawińskiego 5, 02-106 Warszawa,
- d) Instytut Biocybernetyki i Inżynierii Biomedycznej im. Macieja Nałęcz PAN with its seat in Warsaw, ul. Księcia Trojdena 4, 02-109 Warszawa,
- e) Instytut Hematologii i Transfuzjologii with its seat in Warsaw at ul. Indiry Gandhi 14, 02-776 Warszawa,
- f) Szkoła Główna Gospodarstwa Wiejskiego with its seat in Warsaw at ul. Nowoursynowskiej 166, 02-787 Warszawa,
- g) Instytut Fizjologii i Patologii Słuchu, with its seat in Warsaw at ul. M. Mochnackiego 10, 02-042 Warszawa,
- h) Instytut Matki i Dziecka, with its seat in Warsaw at ul. Kasprzaka 17a, 01-211 Warszawa

of my personal data provided in the application documents, going beyond specified templates and questionnaires for the purpose necessary to carry out the recruitment process for the Doctoral School of Translational Medicine established jointly by the above-mentioned entities and for further teaching and administrative services rendered at the said Doctoral School.

Providing the data in the curriculum vitae and data exceeding the scope required by law, i.e. specified in the questionnaire and application templates, is voluntary, but providing them and not consenting to the processing will prevent me from participation in the recruitment process.

I acknowledge that I have the right to withdraw my consent to the processing of my personal data at any time. The withdrawal of consent will not affect the lawfulness of the processing based on consent before its withdrawal.

.....
Legible signature and date

I have read the "Information on the processing of personal data".

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Legible signature and date