REGISTRATION FORM/ DATA UPDATE FORM AT THE ACADEMIC SUPPORT CENTER OF THE UNIVERSITY OF ŁÓDŹ

PERSONAL DATA OF THE PERSON STUDYING

Name and Surname: ..............................................................................................................................................

Phone Number (optionally): ........................................................................................................................................

University email address (obligatory): ....................................................................................................................

Department at the University: ....................................................................................................................................

Field of study/specialization: ......................................................................................................................................

Semester: ...............................................................................................................................................................

Student (or album) number: ........................................................................................................................................

INFORMATION ABOUT DISABILITIES

1. Disability certificate:

   a. Yes: validity period of the documents/certificate: .................

   b. No

2. Degree of disability (if you have):

   a. mild degree of disability
   b. moderate degree of disability
   c. significant degree of disability

3. Type of disability (if you have):

   a. locomotive disability

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1 Mark the correct
tel.: +48 42 655 51 65
ul. Pomorska 152, 91-404 Łódź
e-mail: acw@uni.lodz.pl
- walking
- not walking

b. hearing disability
   - the weaker of hearing
   - deaf

c. eyes disability
   - visually impaired
   - blind

d. another type of disability: what kind?

DIFFICULTIES IN THE STUDY PROCESS

Please circle in column „Student” what kind of support you need in order to equalise opportunities and participate fully in the study process.

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>KIND OF SUPPORT</th>
<th>The Academic Support Centre</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Scholarship for the disabled</td>
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<td></td>
<td>Individual Organization of Studies (IOS)</td>
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<td>Alternative form of exams</td>
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<td></td>
<td>Alternative forms of physical education classes</td>
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<td></td>
<td>Opinion on adapting the didactic process to the needs of a student with disabilities</td>
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<td>Assistant</td>
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<td>Third party support in formal matters</td>
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<td></td>
<td>Hire of specialist equipment and devices supporting the teaching process of people with disabilities</td>
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<td>Transport</td>
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<td></td>
<td>Psychological consultation</td>
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<tr>
<td>STUDENT</td>
<td>KIND OF SUPPORT</td>
<td>The Academic Support Centre</td>
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<td></td>
<td>Psychological support</td>
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<td>Coaching</td>
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<td></td>
<td>Educational consultation</td>
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<td></td>
<td>Others (please describe what you need)?</td>
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</tbody>
</table>

Support is not obligatory. It is granted as far as possible to the Academic Support Centre, after the diagnosis of student/doctoral needs and in accordance with the Regulations. The final decision on the support granted is made by the Manager of the Academic Support Center.

CONSENT TO PROCESSING OF PERSONAL DATA

"I give consent to the processing of my personal data by the Academic Support Centre of the University of Łódź for the purpose of registration and support, in accordance with Articles 9(2)(a) and 6(1)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals 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)."

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Date/ Student’s signature

I have read the following information about the personal data processing notice.

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Date/ Student’s signature
PERSONAL DATA PROCESSING NOTICE

1. The controller of your personal data is the University of Łódź, with its registered office at ul. Narutowicza 68, 90-136 Łódź.

2. Contact details of the Data Protection Officer of the University of Łódź:
   1) to the above-mentioned correspondence address with a note: Data Protection Officer;
   2) e-mail: iod@uni.lodz.pl

3. Personal data will be processed for the following purposes:
   1) your registration in the Academic Support Centre of the University of Łódź;
   2) communication with you in matters related to your education and broadly understood activity in the academic environment and activities in the scope of psychological support, development of skills useful for studying and addiction prevention carried out by the Academic Support Centre of the University of Łódź;

4. Personal data will be processed on the basis of:
   - Article 6(1)(e) of the Regulation of the Council of the Republic of Poland in connection with Articles 2 and 11 of the Act of 20 July 2018 - Law on Higher Education and Science (as this is necessary for the performance of a task implemented in the public interest or in the exercise of public power entrusted to the controller in connection with the mission of the higher education and science system in terms of education, scientific activity, shaping of civic attitudes, as well as participation in social development and creation of an innovation-based economy);
   - Article 6(1)(b) of the GDPR (as this is necessary for the performance of the contract to which the data subject is a party or to take action at the request of the data subject prior to concluding the contract);
   - Article 6(1)(c) of the GDPR (as required by law, including in particular the Convention on the Rights of Persons with Disabilities of 13 December 2006 (Journal of Laws of 2012, item 1169) and the applicable acts of internal law of the University of Łódź);
   - Article 6(1)(f) of the GDPR (in connection with the legitimate interest of the controller, i.e. the right to establish, pursue and defend claims).
   - Article 6(1)(a) of the GDPR (on the basis of your consent to the processing of your personal data (if you give consent to the use of your contact details);
   - Article 9(2)(a) of the GDPR (on the basis of your consent to the processing of special categories of personal data).
5. In a situation where the processing of personal data is based on your consent, you have the right to withdraw your consent at any time without prejudice to the lawfulness of the processing carried out before the withdrawal;

6. Personal data will be stored for the period necessary to achieve the purpose referred to in point 3, but not longer than 5 years after graduation. In situations provided for by law, personal data may be also processed for the period necessary to establish and assert possible claims. If you give consent to the use of your contact data or special data, these personal data will be stored until your consent is withdrawn;

7. Your personal data may be provided to other entities authorised under relevant legal regulations and agreements concluded with the University.

8. In connection with the processing of your personal data, you have the right to:
   1) access your personal data;
   2) have them rectified or erased, or limit their processing,
   3) object to the processing of data, if any,
   4) transfer personal data under the conditions specified in the provisions of law,
   5) lodge a complaint with the supervisory authority, which is the President of the Personal Data Protection Office with its registered office in Warsaw, ul. Stawki 2.

9. Your provision of personal data is voluntary, but necessary for the purpose referred to in point 3.

Your data are processed under Articles 6(1)(a)(b)(c)(e) and (f) and Article 9(2)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals 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; OJ L. 2016.119.1) – “GDPR”.

Signature of the person accepting the application

DECISION OF THE ACADEMIC SUPPORT CENTER

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Date/ Signature of the Academic Support Center Manager

Date/ Student's signature