

PSYCHOLOGICAL SUPPORT – INFORMATION CLAUSE

In accordance with 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, we inform you that:

1. The controller of your personal data is Kazimierz Wielki University, located at 30 Chodkiewicza Street, 85-064 Bydgoszcz, Poland.
2. The data controller has appointed a Data Protection Officer who supervises the correctness of personal data processing. You can contact the DPO via email at: iod@ukw.edu.pl.
3. Your data will be processed for the purpose of providing psychological support.
4. The legal basis for processing your data is your consent, which you may withdraw at any time.
5. Your data will not be shared with other entities.
6. Your data will be stored until you withdraw your consent for its processing.
7. You have the right to request access to your personal data, its rectification, and the right to request cessation of its processing.
8. You have the right to lodge a complaint with the supervisory authority; the supervisory authority is the President of the Personal Data Protection Office.
9. Providing your personal data is voluntary but necessary to receive psychological support.

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First and Last Name

Student ID Number (for students).....

CONSENT TO THE PROCESSING OF PERSONAL DATA

I declare that I am providing my personal data voluntarily and I consent to its processing by Kazimierz Wielki University in Bydgoszcz for the purpose of providing psychological support. I give my voluntary and informed consent to receive information regarding the date and time of scheduled appointments or any changes to them, which will be sent via email to the address I provided during registration.

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Date and signature

CONSENT TO PROVIDE PESEL NUMBER

I declare that I am providing my PESEL number voluntarily and solely for the purpose of monitoring the use of EU funds in connection with the co-financed project (“MiniDO – Minimizing Drop-out at Kazimierz Wielki University”, project FERS.01.05-IP.08-0057/25). I understand that providing this number is necessary to receive psychological support under this project.

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Date and signature

