*Appendix No. 3*

**PARTICIPANT’S PERSONAL DATA FORM**

to be entered into the Agency's communication and information system for monitoring project participants

|  |  |
| --- | --- |
| **Data relating to the non-competitive NAWA project**  | Project entitled “Supporting the institutional capacity of Polish HEIs through the creation and implementation of international study programmes” (No. POWR.03.03.00-00-PN16/18), implemented under Measure: 3.3 Internationalisation of Polish higher education, Operational Programme Knowledge Education Development |
| **NAWA Programme name**  | **SPINAKER** |
| **Agreement or Project number** | **BPI/SPI/2021/1/00073/U/ 00001** |
| **Beneficiary’s name** | **Gdynia Maritime University** |
| **Project title** | **Conducting safe cargo operations on selected types of tankers - Cargo and Ballast Handling Simulator** |

**Data of the Beneficiary** *(to be filled in by the Beneficiary)*

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Name of institution | NIP (Tax ID No.) | Type of institution |
| **Poland** | **Gdynia Maritime University** | *Please tick the appropriate box:*❒ No NIP❒ **NIP No. – please enter NIP below**:**586-001-28-73**  | *Please tick the appropriate box:***❒ Higher Education Institution**❒ The Polish Academy of Sciences❒ Scientific institute of the Polish Academy of Sciences❒ Research institute within the meaning of ❒ International scientific institute ❒ Institutes operating within the framework of the Research Network❒ Federation of higher education and science entities❒ Other |
| Province | District | Commune | Town/City |
| **Pomorskie** | **Gdynia** | **Gdynia** | **Gdynia** |
| Street | Building No. | Premises No. | Postcode |
| **Morska** | **81-87** | **-** | **80-225** |
| Area by degree of urbanisation (DEGURBA) | Contact phone | Email address |
|  | **+48 58 558 66 92** | **erasmus@au.umg.edu.pl** |

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

|  |  |  |
| --- | --- | --- |
| Country | Type of Participant | Name of the institution which the Participant represents |
|  | *Please tick one of the following answers:*❒ Foreign student❒ Foreign PhD student❒ Polish student❒ Polish PhD student❒ Teaching/academic staff❒ Administrative staff |  |
| Name | Surname | PESEL  |
|  |  | *Please tick one of the following answers:*❒ I do not have one❒I have one – *please enter your PESEL:*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 |
| Gender | Age | Education |
| *Please tick one of the following answers:*❒ Woman❒ Man | *Please enter your age at the time of joining the Project:* | *Please tick the appropriate box:*❒ Pre-primary (ISCED 0) ❒ Primary (ISCED 1)❒ Lower secondary (ISCED 2)❒ Upper secondary (ISCED 3) ❒ Post-secondary non-tertiary (ISCED 4)❒ Higher (ISCED 5-8) |
| Province  | District | Commune | Town/City |
| *In the case of foreign participants, the field may be left blank* | *In the case of foreign participants, the field may be left blank* | *In the case of foreign participants, the field may be left blank* |  |
| Street | Building No. | Premises No. | Postcode |
|  |  |  |  |
| Area by degree of urbanisation (DEGURBA) | Contact phone | Email address |
| *Leave this field blank. This data will be filled in automatically during further processing of project participants' data in the SL2014 system*  |  |  |

**Participant's status when joining the Project** *(to be filled in by the Beneficiary in consultation with the Project Participant)*

|  |  |
| --- | --- |
| A person belonging to a national or ethnic minority, migrant, person of foreign origin | *Please tick the appropriate box:*❒ No – I do not belong to this group❒ I refuse to provide information❒ Yes – I belong to this group |
| A person who is homeless or experiencing exclusion from access to housing | *Please tick the appropriate box:*❒ No – I do not belong to this group❒ I refuse to provide information❒ Yes – I belong to this group |
| A person with disabilities | *Please tick the appropriate box:*❒ No – I do not belong to this group❒ I refuse to provide information❒ Yes – I belong to this group |
| A person with other social disadvantages | *Please tick the appropriate box:*❒ No – I do not belong to this group❒ I refuse to provide information❒ Yes – I belong to this group |

|  |  |
| --- | --- |
| …..…………………………………………place and date | …………………………………………………………legible signature of the project participant |
|  |  |
|  |  |
| …..…………………………………………place and date | ………………………………………………………….legible signature of the beneficiary's accepting officer |