APPLICATION

of consent of personal data processing

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| 1 | Full name of the applicant | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (full name of the applicant) |
| 2 | Identity document of the applicant | passport data: number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  date and place of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Address | registered at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give my consent with my own will and in my interest to the officer and other users : | | |
| 4 | Information on the office, who has received the consent to process personal data | Name of educational institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| in order to | | |
| 5 | Purpose of processing of personal data | confirm the fact of training, of issuance of the diploma of the higher education and appendices from the academic transcript, the content of the curricula and institutional work (standard academic) programs, preliminary tests, rules for taking examinations and credits, grades (achievements) of the student during their studies, total amount of hours, practical trainings and their duration, level of medical qualification obtained, scientific thesis and its title, mode of studies, a level of any additional education.  keep, process, transfer and disseminate my personal data (including obtaining my data from me / or any third parties)  preparing of Medical Student Performance Evaluation |
| the following data | | |
| 6 | The list of personal data for processing | Full name, patronymic and surname; sex, date of birth, citizenship, ID document (type of the document, series, number, date and place of issue), place of residence, place of registration, information on the change of surname, name, patronymic; phone number, e-mail. |
| for | | |
| 7 | The list of personal data for which consent is given to the processing of personal data | Gathering personal data is necessary to achieve the purposes specified in paragraph. 5, including, but not limited: collection, systematization, accumulation, data retention and clarification (updating, changing), using (including transfer), depersonalization, blocking, destruction, cross-border transfer of the personal on the basis of the current legislation of the Republic of Belarus |
| using | | |
| 8 | Description of the methods used by the operator for processing personal data | automatic techniques of processing my personal data, and without using of such techniques |
| 9 | The period during which the consent of the processing personal data is valid | from the day of singing and to the day of written revocation of consent;    1 year form the date of signing; |
| 10 | Revocation of the consent to the processing of the personal data at the initiative of the owner of the personal data | In case of misuse of the provided personal data, consent to the processing of personal data is revoked by my written application. |

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(date) (signature) (full name)