***Annex 2 to the Manual -***

*Participant personal data form*

*to be entered into the Agency's ICT system*

*for the purpose of monitoring project participants*

**PARTICIPANT PERSONAL DATA FORM**

**to be entered into the Agency's ICT system for the purpose of monitoring project participants**

|  |  |
| --- | --- |
| **Data of the non-competition project** | NAWA Project entitled "Supporting the institutional capacity of Polish universities through creation and implementation of international study programs" (no. POWR.03.03.00-00-PN16/18), implemented under Measure: 3.3 Internationalization of Polish higher education, Operational Program Knowledge Education Development |
| **Name of the NAWA programme**  | **SPINAKER – International Intensive Programmes** |
| **Agreement or Project number** | BPI/SPI/2021/1/00016/U/00001 |
| **Name of the Beneficiary** | University of Gdańsk |
| **Project Title** | TOWNSHIP Towards Sustainable Beautiful and Inclusive Cities |

**Beneficiary data** *(to be filled in by the Beneficiary)*

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Name of the institution | Tax id. no. (NIP) | Type of the institution |
|  |  | *Please select the appropriate answer:*❒ Lack of tax id. no. (NIP)X tax id. no. (NIP)- please enter the number below:584-020-32-39 | *Please select the appropriate answer:***X university**❒ Polish Academy of Sciences❒ Scientific Institute of the Polish Academy of Sciences❒ research institute❒ international research institute❒ institutes operating within the Łukasiewicz Research Network❒ federation of entities of the higher education and science system❒ other |
| Voivodeship | Poviat  | Commune | Town/City |
| Pomeranian | Gdańsk | Gdańsk | Gdańsk |
| Street | Building no. | Apartment no. | Postal code |
| Bażyńskiego | 8 | n/a | 80-309 |
| Area by degree of urbanization (DEGURBA) | Contact telephone number | E-mail |
| *The field should be left blank. These data will be completed automatically at the further stage of processing the data of project participants in the SL2014 system.* | +48 523 5289, +48 572 727 548 | jolanta.mrozek@ug.edu.pl |

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

|  |  |  |
| --- | --- | --- |
| Country | Type of participant | Name of the institution represented by the Participant |
|  | *Please select one of the following answers:*❒ foreign student❒ foreign doctoral student❒ domestic student❒ domestic doctoral student❒ teaching / academic staff❒ administrative staff |  |
| Name | Surname | Personal id. no. (PESEL) |
|  |  | *Please select one of the following answers:*❒ I don't have personal id. no. (PESEL)❒ I have personal id. no. (PESEL) - please enter the number:

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

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| Sex | Age | Education |
| *Please select one of the answers below:*❒ female❒ male | *Please enter your age at the time of joining the Project:* | *Please select the appropriate answer:*❒ lower than primary (ISCED 0)❒ primary (ISCED 1)❒ lower secondary (ISCED 2)❒ upper secondary (ISCED 3)❒ post-secondary (ISCED 4)❒ higher (ISCED 5-8) |
| Voivodeship | Poviat  | Commune | Town/City |
| *In the case of foreign participants, the field may remain blank* | *In the case of foreign participants, the field may remain blank* | *In the case of foreign participants, the field may remain blank* |  |
| Street | Building no. | Apartment no. | Postal code |
|  |  |  |  |
| Area by degree of urbanization (DEGURBA) | Contact telephone number | E-mail |
| *The field should be left blank. These data will be completed automatically at the further stage of processing the data of project participants in the SL2014 system.* |  |  |

**Participant status at the time of joining the Project** *(to be completed by the Beneficiary in agreement with the Project Participant)*

|  |  |
| --- | --- |
| A person belonging to a national or ethnic minority, migrant, person of foreign origin | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| Homeless person or a person deprived of access to housing | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| A person with disabilities | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |
| A person experiencing a different social disadvantage | *Please select the appropriate answer:*❒ No - I do not belong to this group❒ I refuse to provide the information❒ Yes - I belong to this group |

**The status of the participant on the labour market at the time of joining the Project** *(to be completed by the Beneficiary in agreement with the Project Participant)*

|  |  |
| --- | --- |
| Professionally inactive person, including: | * other
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| Working person, including: | *Please select the appropriate answer:** in government administration
* in local government administration
* in MSME
* in a large enterprise
* in a non-governmental organization
* self-employed
* other
 |
| Profession performed: | *Please select the appropriate answer:** practical vocational training instructor
* general education teacher
* pre-school education teacher
* vocational education teacher
* employee of a healthcare system institution
* key employee of a welfare and social integration institution
* employee of a labour market institution
* employee of a higher education institution
* employee of an institution of family support system and foster care
* employee of a social economy support centre
* employee of a psychological and pedagogical counselling centre
* farmer
* other
 |
| Place of employment: |  |

|  |  |
| --- | --- |
| …..………………………………………………..……..……PLACE AND DATE | …………………………………………………………………………..……LEGIBLE SIGNATURE OF THE PROJECT PARTICIPANT |
| …..……………………………………………………….……PLACE AND DATE | ………………………………………………………………………..……..LEGIBLE SIGNATURE OF THE PERSON RECEIVINGTHE FORM ON THE PART OF THE BENEFICIARY |