*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 |