***Annex 2 to the Guidelines -***

*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** |  |
| **Agreement or Project number** |  |
| **Name of the Beneficiary** |  |
| **Project Title** |  |

**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)  ❒ tax id. no. (NIP)- please enter the number below: | | *Please select the appropriate answer:*  ❒ 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 |
|  |  | | |  | | |  |
| 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.* | |  | | | |  | |

**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:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | |
| 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 |
| 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 RECEIVING THE FORM ON THE PART OF THE BENEFICIARY |