Appendix to Regulation No. 67 of the Rector of the SGH Warsaw School of Economics of 17 July 2020

STATEMENT

regarding a doctoral scholarship at the Doctoral School at the SGH Warsaw School of Economics

Surname
First name(s)
PESEL [Polish Personal Identity Number]
NIP [Tax Identification Number] ¹
Nationality
Branch of NFZ [National Health Fund]
Permanent address ²
□ residence address
□ registered address
Province
Post code/Post office
City/Town
Municipality/County
Street
House no./Apartment no
Country
Tax Office
Account number to which the transfer of the doctoral scholarship is to be made:

 $^{^{\}rm 1}$ To be provided only in the case of self-employed individuals. $^{\rm 2}$ Tick as appropriate.

Simultaneously I declare that ² :
☐ I am not a doctoral student at another doctoral school
□ I am not employed as an academic teacher or researcher
in conjunction with Article 209(10)(1) of the Law on Higher Education and
Science (hereinafter: the Act)
□ I am not employed as an academic teacher or researcher for the purpose of
carrying out a research project referred to in Article 119(2)(2) and (3) of the Act:
□ I am employed as an academic teacher or researcher for the purpose of carrying
out a research project referred to in Article 119(2)(2) and (3) of the Act:
1) Name of the employing entity: Please click or tap here to enter text.
2) Date of commencement of employment in relation to the research project,
referred to in Article 119(2)(2) or (3) of the Act: Please click or tap here to
enter the date.
3) Date of termination of employment in relation to the research project,
referred to in Article 119(2)(2) or (3) of the Act: Please click or tap here to
enter the date.
4) The title of the research project referred to in Article 119(2)(2) or (3) of the Act
Please click or tap here to enter text.
5) Form of employment: employment contract
I declare that the remuneration on the project does not exceed / exceeds 150%
of the amount of the doctoral scholarship to which I am entitled pursuant to
Article 209(4) of the Act from employment in connection with the implementation
of the research project referred to in Article 119(2)(2) and (3) of the Act.
in conjunction with Article 209(10)(2) of the Law on Higher Education and
Science (hereinafter: the Act), i.e. after a successful mid-term evaluation
☐ I am not employed as an academic teacher or researcher
☐ I am employed as an academic teacher or researcher
1) Name of the employing entity: Please click or tap here to enter text.
2) Date of commencement of employment: Please click or tap here to enter the

3) Date of termination of employment: Please click or tap here to enter the date.

- 4) Working hours to two decimal places (if employment is more than one half of full-time employment, the amount of the scholarship is 40% of the amount of the monthly scholarship referred to in Article 209(4)(2) of the Act): *Please click or tap here to enter text*.
- 5) Form of employment: employment contract
 I declare that the remuneration on the project does not exceed / exceeds 150%
 of the amount of the doctoral scholarship to which I am entitled pursuant to
 Article 209(4) of the Act from employment in connection with the implementation
 of the research project referred to in Article 119(2)(2) and (3) of the Act.

I am a holder of a certificate:
□ on disability
\square on a degree of disability
\square referred to in Article 5 and Article 62 of the Act of 27 August 1997 on
Vocational and Social Rehabilitation and Employment of Persons with
Disabilities (Journal of Laws of 2021, items 573 and 1981, and of 2022 item
558).
Application for voluntary sickness insurance cover ³
☐ I apply for voluntary sickness insurance cover
as from
Application for voluntary pension insurance cover ³
(applies to scholarship recipients holding a disability certificate)
☐ I apply for voluntary pension insurance cover
as from
Statement for insurance purposes ³
☐ I am / I am not employed: full-time / part-time.
l l am / l am not employed: tull-time / part-time

³ Select as appropriate, tick or complete, delete as appropriate.

$\hfill\square$ The basis for the assessment of social insurance contributions for the employment
relationship is lower/higher than the minimum remuneration for work announced in
the Monitor Polski by the Prime Minister ⁴ .
\square I am / I am not on an/a unpaid/parental leave in the period
from to
☐ I conduct non-agricultural business activity from to
and therefore pay compulsory social security
contributions calculated on a basis equal to at least 60% of the projected average
monthly salary announced in the Monitor Polski by the Minister of Family and
Social Policy ⁴ .
$\hfill\square$ I am / I am not a student under the age of 26 (if so, please provide the name of the
school/university)
$\hfill\Box$ I have concluded a contract of mandate with/ SGH Warsaw School of Economics/
a principal other than /SGH Warsaw School of Economics
from to:
on which compulsory social security contributions are/are not deducted, calculated
on the basis equal to at least the minimum wage determined for a given calendar
year as announced for that year in the Monitor Polski by the Prime Minister ⁴ .
☐ I am / I am not a retiree/pensioner and I receive a disability pension / family
pension / other benefit
from to:
Statement regarding health insurance ³
(applies to individuals under 26 years of age)
I declare that I am not / I am subject to health insurance for another reason, namely:
□ as a family member reported for insurance by a parent or spouse
\square as a holder of a sports scholarship
$\hfill\square$ as a recipient of a social pension or a permanent, compensatory or guaranteed
allowance from social services

 $^{^{\}rm 4}$ The current rates will be published on the website of the Bursar's Office.

☐ as a recipient of alimony benefits
\square as an unemployed person
\square as a farmer or a member of a farmer's household working on a farm within the
meaning of the provisions on social insurance for farmers
I apply for health insurance cover YES / NO
from
Statement regarding health insurance ³
(applies to individuals over 26 years of age)
I apply for health insurance cover YES / NO
from
Statement regarding health insurance ³
(applies to persons who are outside the EU or EFTA)
I have entered into a contract with the National Health Fund or another healthcare provider YES / NO
as of
Pursuant to the Act of 27 August 2004 on health care services financed from public
funds (Journal of Laws of 2021, item 1285, as amended ⁵):
☐ I apply for health insurance cover for my child/spouse/ascendant living in the same household as the insured person.
☐ I do not apply for health insurance cover for my child/spouse/ascendant living in the same household as the insured person.
Details of person reported (child/spouse/ascendant)
Name and surname:
Polish Resident ID No. [PESEL]:

⁵ The amendments to the consolidated text of the aforementioned Act were published in Journal of Laws of 2022, items 2561, 2674, 2770 and of 2023, items 605, 650 and 658.

Passport number and date of birth (in the case of foreigners):
Middle name (if any)
Family name at birth (if the name has been changed):
Citizenship:
Degree of disability:
Is he/she living in the same household as the insured person: yes/no:
Address of registered residence:
Postcode:Town/city:
Municipality:
Street: House no./ Apartment no.:
Residence address (if different from registered address):
Postcode:Town/city:
Municipality:
Street: House no./ Apartment no.:
\square I certify that the above data are true and correct. The members of my family who
are reported to be insured by me are not subject to compulsory health insurance
for any other reason, nor have they been reported to health insurance by other
family members.
\square I certify that the above data are true and correct 6
\square I declare that the legal and financial consequences of a wrongly filled declaration
or failure to inform about any changes affecting the obligation to insure within 2
days from the date of these changes are borne by me as a doctoral student.
(date, legible signature)
(date, legible signature)

⁶ The doctoral student shall be liable for the legal and financial consequences of a wrongly filled declaration or a failure to notify any changes affecting the obligation to insure within 3 days from the date when these changes occurred.

INFORMATION CLAUSE ON PERSONAL DATA PROTECTION

1. Personal data controller

The Controller of your personal data is the SGH Warsaw School of Economics in Warsaw with its registered office at al. Niepodległości 162, 02-554 Warsaw.

2. Data Protection Officer

The controller has appointed a Data Protection Officer who can be contacted via e-mail: iod@sgh.waw.pl.

3. Purpose and legal basis for the processing of personal data

The personal data you provide will be processed for the purpose of determining the amount and payment of the doctoral scholarship and for the fulfilment of the Controller's obligations set out in the social security and health insurance regulations. The legal basis for the processing of personal data is Article 6(1)(c) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data repealing Directive 95/46/EC (General Data Protection Regulation), hereinafter referred to as 'GDPR', in the case of the processing of special categories of personal data (such as health data, e.g. on a disability certificate), also Article 9(2)(b) GDPR, in connection with the provisions of the Act of 20 July 2018 - Law on Higher Education and Science (Journal of Laws of 2022, items 574 and 583), Act of 14 June 1960 – the Code of Administrative Procedure (Journal of Laws of 2021, item 735, of 2022, items 1491 and 2052), Act of 27 August 2004 on health care services financed from public funds (Journal of Laws of 2021, item 1285, as amended⁷), Act of 13 October 1998 on social insurance system (Journal of Laws of 2021, item 423, as amended⁸).

4. Obligation to provide personal data

The provision of personal data is a necessary condition for determining the amount and payment of the doctoral scholarship and enrolment for insurance.

⁷ The amendments to the consolidated text of the aforementioned Act were published in Journal of Laws of 2021, items 1292, 1559, 1773, 1834, 1981, 2105, 2120, 2232, 2270, 2427, 2469 and of 2022, items 64, 91, 525 and 583.

⁸ The amendments to the consolidated text of the aforementioned Act were published in Journal of Laws of 2021, items 432, 619, 1621, 1834, 1981, 2105.

The provision of health data is voluntary, but necessary if you wish to receive an increased scholarship.

5. Processing period

The personal data provided by you will be processed for the time necessary for the settlement of the scholarship and the keeping of mandatory financial and accounting documentation, as well as for archiving purposes in accordance with the applicable legislation.

6. Recipients of personal data

Your personal information will not, in principle, be disclosed to other entities, except those authorised by law.

The data will be made available to the Social Insurance Institution and the minister in charge of higher education and science (in connection with the obligation to enter data into the POL-on System). Where the Controller uses the services of other entities, personal data may be disclosed to them on the basis of contracts entrusting the processing of personal data and those entities will be required to preserve the confidentiality of the data processed.

7. Rights in relation to processing

You have the right to access, rectify, limit the processing of or erase the contents of your personal data in specific cases set out in the law.

The personal data provided by you will not be subject to profiling nor will automated decisions be taken on the basis of these data.

8. Information on the right to lodge a complaint

You have the right to lodge a complaint with the President of the Personal Data Protection Office if you believe that the processing of your personal data violates the GDPR.