**Details of the participant receiving support under the project named:**

**„Interdisciplinary, international doctoral studies in the field of medical biology and pharmaceutical sciences at the Medical University of Bialystok”**

|  |
| --- |
| **PARTICIPANT DETAILS** |
| **Forename(s):** |  |
| **Surname:** |  |
| **PESEL (Polish Resident Identification No.):** |  |
| **Country of residence:** |  | **Education level:** | ☐ university-level |
| **CONTACT DETAILS** |
| **Voivodeship** |  | **District** |  |
| **Commune** |  | **Town** |  |
| **Street** |  | **Post code** |  |
| **House no.** |  | **Suite no.** |  |
| **Contact telephone no.** |  | **Email** |  |
|

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| **SUPPORT DETAILS** |

 |
| **The person's status in the labour market at accession to the project** | ☐ unemployed person registered in the register of employment offices | ☐ unemployed person not registered in the register of employment offices | ☐ professionally inactive person (student) | ☐ employed person*1* |
| ***1 Fill in for the employed person:*** |
| **Profession performed:** |  | **Employed at:** *name of institution/enterprise* |  |
|

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| **STATUS OF THE PROJECT PARTICIPANT AT ACCESSION TO THE PROJECT** |

 |
| **Person belonging to a national or ethnic minority, a migrant, a person of foreign origin** |

|  |
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|  ☐ Yes  |

 |

|  |
| --- |
|  ☐ No  |

 |

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| --- |
|  ☐ Refusal to provide information  |

 |
| **Individual who is unemployed or affected by exclusion from access to housing** |

|  |
| --- |
|  ☐ Yes  |

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|  |
| --- |
|  ☐ No  |

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| **Person with disabilities** |

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| --- |
|  ☐ Yes  |

 |

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| --- |
|  ☐ No  |

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| --- |
|  ☐ Refusal to provide information  |

 |
| **Person in a different social disadvantage (other than those mentioned above)** |

|  |
| --- |
|  ☐ Yes  |

 |

|  |
| --- |
|  ☐ No  |

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| --- |
|  ☐ Refusal to provide information  |

 |
| I declare that: 1. I meet all the criteria required to participate in the project, i.e. I am a participant in the Interdisciplinary, international doctoral studies in the field of medical biology and pharmaceutical sciences at the Medical University of Bialystok.
2. I have read the Regulations on participation in the project and I undertake to comply with these.
3. I have been informed that the project implemented under Priority Axis III Higher education for the economy and development of the Operational Program Knowledge Education Development (POWER) 2014 -2020, Measure 3.2 Doctoral studies, based on a co-financing agreement no. UDA-POWR.03.02.00-00-I051/16-00 is co-financed from the European Social Fund.
4. The information I have given above is true and complete. I acknowledge that  this information may be subject to verification by authorized institutions (eg. tax control offices) on the basis of national registers (eg ZUS register, PUP register) in terms of their truthfulness.
5. I am aware of the responsibility for making false statements.
 |

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 date and legible signature

***To be completed by an authorized member of the Project Team:***

|  |  |
| --- | --- |
| **Date participation in the project starts** |  |
| **Date participation in the project ends** |  |
| **Completing the participation of the person in the project in accordance with the planned participation path** | * YES
* NO
 |
| **Type of support granted in the project** | **Start date of the support granted** | **End date of the support granted** |
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