Application

for membership in the Student Scientific Society
at Ludwik Rydygier Collegium Medicum in Bydgoszcz
of the Nicolaus Copernicus University in Toruń

|  |  |
| --- | --- |
| *NAME* |  |
| *SURNAME* |  |
| *FIELD OF STUDY* |  |
| *YEAR OF STUDY* |  |
| *STUDENT ID NUMBER* |  |
| *RESEARCH CLUB* |  |
| *DEPARTMENT SUPERVISING THE CLUB* |  |
| *FACULTY WITHIN WHICH THE CLUB IS FUNCTIONING* |  |
| *E-MAIL ADDRESS* |  |
| *PHONE NUMBER* |   |
| *STAMP AND SIGNATURE OF CLUB SUPERVISOR* |  |

(**Please fill in block letters**)

I consent to the processing of my personal data by the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń. I provide the data
on a voluntary basis, reserving the right to check and correct them, in accordance with the provisions of the General Data Protection Regulation (GDPR).

Date: ……………………… ……………………………

Candidate's signature

**Consent to the processing of personal data**

I consent to the processing of my personal data for purposes related to the activity of the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń.

Please be informed that you have the right to withdraw your consent at any time by notifying the Student Scientific Society about your decision by e-mail.

Annotations of STN Board\*\*:

STN board decides to admit/not admit the applicant – explanation on the other side – as a member
of the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń

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Date, signature

\*\* filled by the Student Scientific Society Board

\*\*\* cross out as appropriate