PERSONAL QUESTIONNAIRE

space for a photograph

1. BASIC DETAILS

Names: _____
Surname: _____
Artistic pseudonym: _____
Surname at birth: _____
Date of birth: _____
Country of birth: _____
Personal ID: _____
Nationality: _____

2. CONTACT INFORMATION

Contact telephone: _____
E-mail address: _____
Place of residence: _____
Mailing address: _____

3. EDUCATION

Date of acquisition of the professional title _____
No. of the diploma of higher education _____
Entity that issued the diploma of higher education _____
Date of awarding Master of Arts in the field _____
in the discipline _____

4. THE NAME OF THE PERSON TO BE CONTACTED IN THE EVENT OF AN ACCIDENT

Name and Surname: _____
Contact telephone: _____
Mailing address: _____

5. I CONFIRM THAT THE DATA PROVIDED IN ITEMS 1 AND 2 ARE TRUE TO THE IDENTITY DOCUMENT

Number and series: _____
Issued by: _____
or other proof of identity: _____

6. BANK ACCOUNT IN CASE OF RETURN OF PAID FUNDS

Bank account number for refund of funds: _____

I hereby consent to the processing of my personal data for the purposes necessary for the realization of the recruitment procedure, education in the PhD Seminar at the Academy of Art in Szczecin and during the proceedings for the award of PhD in Fine Arts (pursuant to the Act of 10 May 2018 on the protection of personal data Journal of Laws of 2018, item 10000, as amended.)

_____ _____

place and date signature