



Letter of intent for a student / graduate ¹ of University of Medical Science in Białystok participating in the Erasmus+ Programme traineeship

1. Details of the receiving institution

Legal name of the receiving institution	
Address	
Country	
Erasmus code (if applicable)	
Type of organisation	
Size of organisation (approx. number of employees)	

2. Details of the person responsible for the participant during the traineeship period

Name and surname	
Position	
Address	
Postal code, city	
Country	
E-mail	

3. Details of the student/graduate¹

Name and surname	
Year and field of study	
Student ID number	

4. Short description of the traineeship programme

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¹ Delete as appropriate



Załącznik 28 do regulaminu WSMED dot. wyjazdów w ramach programu Erasmus+

We, (name of the receiving institution) hereby confirm our willingness to host the above mentioned student / graduate/of University of Medical Science in Białystok for a traineeship placement from to within the framework of Erasmus+ Programme.

At the same time, we indicate the level of language knowledge, required to participate in the traineeship as (language) (level of knowledge: A1-C2).

The receiving institution binds itself to complete the traineeship programme according to the plan agreed upon by all three parties in the Learning Agreement for Traineeship form.

Date, signature of authorized person, stamp of the receiving institution:

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Information clause

In connection with the entry into force of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 on the protection of natural persons in relation to the relation to the processing of personal data (RODO), we would like to inform you about the details of the rules of processing your data:

1. the Administrator of your personal data is the Higher School of Medicine with its registered office at 9 Krakowska Street 15-875 Białystok;
2. the Administrator of your personal data has appointed a Data Protection Supervisor overseeing the correctness of personal data processing, who can be contacted via e-mail address: inspektor@ochronadanych.hub.pl
3. your personal data will be processed for the purpose of participation in the Erasmus+ Educational Mobility program (KA131);
4. the basis for processing your personal data is your consent to the processing of personal data;
5. the provision of data is voluntary, but necessary for the purposes for which they were collected;
6. data will not be made available to external entities except in cases provided by law (Erasmus+ Program data co-manager Erasmus+ National Agency (NA), European Commission, partner university and the host organization to which you have been qualified);
- 7 Data will be kept for a period of 5 years from the receipt of the letter from NA closing the project clearance;
- 8 You have the right to access the content of your data and the right to: their rectification, deletion, restriction of processing, to lodge an objection, the right to withdraw consent at any time. Information on withdrawal of consent should be sent to inspektor@ochronadanych.hub.pl
- 9 You have the right to lodge a complaint with the President of the Office for Personal Data Protection if you consider that the processing of your personal data violates the provisions of the General Data Protection Regulation. on data protection.

.....
(place and date) (signature of trip participant)

I declare that I agree to the use and dissemination of my image/expression by WSMED, for the purposes of information and promotional activities related to the implementation of the Erasmus+ Educational Mobility project (KA131). I agree that photographs taken during the given form of support: teaching/training stay may be posted on the Project website.

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(place and date) (signature of the trip participant)

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