REGISTRATION FORM

Project: **„Razem Możemy Więcej" – professional activation, support for communication skills, and social integration of foreign nationals**

Implementing body: **Międzynarodowe Centrum Kształcenia Politechniki Krakowskiej (MCK PK)**
Address of the Implementing Body: ul. Warszawska 24, 31-155 Kraków
E-mail: **[____]**; Website: **[____]**

Technical information

1. Date the form was received: _____
2. Person accepting the form: _____
3. Priority / priorities to which the application relates:
   ☐ Priority 1 - Professional development
   ☐ Priority 2 - Learning the Polish language
   ☐ Priority 3 - Participation of foreign nationals in organizations working for workers and their rights and associating workers
4. Planned form of support (task no., title): _____

Beneficiary's identification data

1. Identity verified on the basis of (*mark as appropriate, add the document number and expiry date*):

☐ passport / travel document; **[____]**

☐ foreign national's identity card, if issued by the country of citizenship; **[____]**

☐ national visa type D; **[____]**

☐ Schengen visa type C; **[____]**

☐ residence card; **[____]**

☐ residence card with the annotation „Poprzednio posiadacz ochrony czasowej" (Former holder of temporary protection) / CUKR card; **[____]**

☐ Polish travel document for a foreigner; **[____]**

☐ temporary Polish travel document for a foreigner; **[____]**

☐ Polish identity document for a foreigner; **[____]**

☐ temporary certificate of identity for a foreigner; **[____]**

☐ travel document provided for in the Geneva Convention; **[____]**

☐ temporary protection document / electronic residence document in the mObywatel app; **[____]**

☐ certificate of registration of residence of an EU citizen; **[____]**

☐ document confirming the right of permanent residence of an EU citizen; **[____]**

☐ residence card of a family member of an EU citizen; **[____]**

☐ permanent residence card of a family member of an EU citizen; **[____]**

☐ residence document issued to a citizen of the United Kingdom who is a beneficiary of the Withdrawal Agreement; **[____]**

☐ residence card of a family member of a citizen of the United Kingdom who is a beneficiary of the Withdrawal Agreement; **[____]**

☐ residence document issued by another Schengen area country; **[____]**

☐ decision granting a temporary residence permit, permanent residence permit, or EU long-term resident permit; **[____]**

☐ confirmation of submission of a residence application / stamp in the travel document confirming submission of the application; **[____]**

☐ certificate or other official document confirming the use of temporary protection, international protection, subsidiary protection, consent for humanitarian stay, or consent for tolerated stay. **[____]**

1. First name(s): **[____]**
2. Surname: **[____]**
3. E-mail address: **[____]**
4. Date of birth: **[____]**
5. Citizenship: **[____]**
6. Country of origin: **[____]**
7. Gender - for project reporting / statistical purposes only:
   ☐ female ☐ male ☐ I prefer not to say
8. First / native language: **[____]**

Beneficiary's contact details in Poland

1. Town/city (place of residence): **[____]**
2. Postal code: **[____]**
3. Preferred languages of contact: **[____]**
4. Preferred form of contact:
   ☐ telephone – number: **[____]**
   ☐ SMS
   ☐ e-mail – e-mail address: **[____]**
   ☐ messaging app: **[____]**
   ☐ other: **[____]**

Beneficiary's eligibility declarations

1. I declare that:
    a) I have reached 18 years of age;
    b) I am staying lawfully in the territory of the Republic of Poland;
    c) I do not hold Polish citizenship;
    d) I meet the conditions for participation in the project as a project beneficiary within the meaning of the Programme's rules;
    e) I do not belong to the category of persons excluded from participation in the Programme in accordance with the Programme Rules;
    f) the data provided in the form are true and up to date as of the date of submission of the form.

_____
(*first name, surname, and date*)

Special needs and accessibility

Providing information in this section is voluntary, but it may be necessary to enable MCK PK to appropriately adapt your participation in the project.

1. Do you require special adaptations due to disability, health condition, or special educational, communication, language, or organizational needs? ☐ yes ☐ no ☐ I prefer not to answer
2. Do you need the support of a translator or an intercultural assistant? ☐ yes ☐ no
3. Language / form of communication support: **[____]**
4. Was a document confirming special needs / disability presented, if this was necessary to ensure adaptation? ☐ yes - for inspection only (enter type, no.) **[____]** ☐ no ☐ not applicable

Consent to the processing of sensitive data

Providing data concerning health, disability, or special needs is voluntary. I give my explicit consent to the processing of this data solely for the purpose of providing the necessary adaptation. I may withdraw my consent at any time

_____
(*first name, surname, and date*)

Beneficiary's declarations and assurances

1. I declare that all the information I have provided in this form is true, complete, and up to date as of the date of its signing.
2. I undertake to inform MCK PK of any change in my data, if the change may affect my participation in the project, contact with me, the settlement of my participation, or confirmation of eligibility.
3. I acknowledge that MCK PK may ask me to present documents necessary to confirm compliance with the conditions for participation in the project, to settle the project, or to carry out an inspection.
4. I acknowledge that providing the data necessary for recruitment and participation in the project is voluntary, but failure to provide it may prevent participation in the project or the use of a specific form of support.
5. I confirm that I have familiarized myself with the rules of recruitment and participation in the project.
6. I undertake to participate in the activities for which I am qualified, and to inform MCK PK of any withdrawal or inability to participate.
7. I acknowledge that my participation in the project may be documented, among other things, by means of attendance lists, confirmations of participation, interviews and evaluation surveys, statements, and project documentation.

_____

(*first name, surname, and date*)

Confirmation of receipt of information on the processing of personal data

I confirm that:

1. I have received the information clause for an adult beneficiary of the project.
2. I have been informed of the possibility that my personal data may be transferred to the Ministry of Family, Labour and Social Policy and to other authorized authorities to the extent resulting from the project documentation, monitoring, reporting, settlement, or inspection of the project.
3. I have been informed that, in the ordinary course of reporting, data may be transferred in pseudonymized form, whereas full data may be made available in the event of an inspection or other authorized verification of the project.

_____

(*first name, surname, and date*)

Information on educational and professional situation and support needs

1. Current status:

   ☐ schoolchild/pupil ☐ student (higher education) ☐ employed person

   ☐ jobseeker ☐ unemployed person ☐ economically inactive person (unregistered unemployed)

   ☐ self-employed person ☐ other status: **[____]**

2. Education:

   ☐ primary ☐ secondary ☐ vocational/trade

   ☐ higher ☐ other: **[____]w p**

3. Trained profession / qualifications: **[____]**
4. Profession practiced in Poland (if applicable): **[____]**
5. Do you need support with the recognition of qualifications, diploma, nostrification, or confirmation of professional qualifications? ☐ yes ☐ no
6. Are you interested in a Polish language course? ☐ yes ☐ no
7. Are you interested in a specialized/vocational language course? ☐ yes ☐ no
8. Are you interested in support regarding workers' rights, forms of employment, freedom of association, trade unions, or workers' organizations? ☐ yes ☐ no
9. Are you interested in legal advice under the project? ☐ yes ☐ no
10. Are you interested in psychological support, coaching, mentoring, or well-being support? ☐ yes ☐ no

Optional consents

1. I consent to being contacted via messaging app: **[____]** ☐ yes ☐ no
2. I consent to the participation of a translator/intercultural assistant in a conversation concerning a confidential matter, if this proves necessary to provide me with support. ☐ yes ☐ no
3. I consent to the use of my image in the informational or promotional materials of the project, on the terms set out in a separate consent form.

   ☐ yes ☐ no
4. I consent to the use of my statement, quotation, or story of participation in the project, after pseudonymization and on the terms set out in a separate consent form. ☐ yes ☐ no

_____
(*first name, surname, and date*)

Formal Verification Report

Application complete:
☐ yes
☐ no
Deficiencies: **[____]**

1. The beneficiary meets the basic criteria for participation:
   ☐ yes
   ☐ no
   ☐ requires additional verification
   Comments: **[____]**
2. Data entered into the database:
   ☐ yes
   ☐ no
   Date: **[____]**
3. Person conducting verification: **[____]**
4. Signature of the person conducting verification: **[____]**