Gdańsk, (date) ……………………

The University of Gdańsk

University Guard

**APPLICATION**

**FOR AN ID CARD AUTHORISING THE BEARER TO ENTER THE GROUNDS OF THE BALTIC CAMPUS OF THE UNIVERSITY OF GDAŃSK IN GDAŃSK OLIWA**

I request the issue of an ID card authorising me to enter the grounds of the Baltic Campus of the University of Gdańsk in Gdańsk Oliwa.

Employee with an open-ended contract, Student\*, Doctoral student\*, Course participant\*,

 Contractor

Employee with a fixed-term contract or a civil law contract terminating (date) ……………………….

*\* students, doctoral students and course participants of faculties located in the UG Campus in Gdańsk Oliwa.*

Name and Surname (or name of company) ………………….…………………………………………………

Employee no./ Student no. …………………..………………………………………………......

Contact no. …………………...……………………………………………………..

E-mail address ………………….………………………………………………..........

Car registration number 1- .…………………………………; others……………………..……………

………………………………….; ……………………..…………….

Confirmation of liability insurance issued for the owner of the above vehicle/s.

YES NO

Car owner:

Applicant Applicant’s spouse Applicant’s parent/carer \* *(owner/co-owner)*  *\*for students with a disability*

Another person/entity

ID card first subsequent \*

\* *previous ID card* *has been* destroyed or damaged lost stolen

Confirmation of payment at the UG’s Cashier’s Office.

………………………………….. *(date and signature of cashier) ……………………………………… (date and signature of applicant)*

Justification for the application (for employees from outside the UG Campus in Gdańsk Oliwa)

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Confirmation of cooperation (for contractors)

I confirm the validity of the issue of an ID card authorising the bearer to enter the grounds of the Baltic Campus of the University of Gdańsk in Gdańsk Oliwa. Termination date for the cooperation contract: ……………………..

..…………………...………………………. *(date and signature of contract supervisor)   
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Statement

1. I consent to my personal data contained in this form being processed by the University of Gdańsk in accordance with Article 23 section1 point 1 of the Personal Data Protection Act (Journal of Laws of 2016 item 922). At the same time, I acknowledge that the University of Gdańsk, ul. Jana Bażyńskiego 8, 80-309 Gdańsk, shall remain the Data Administrator. The above personal data shall be processed for the purpose of obtaining authorisation to enter the grounds of the Baltic Campus of the University of Gdańsk in Gdańsk Oliwa. The applicant shall have right of access to his or her personal data and the right to amend it. The disclosure of personal data is voluntary but essential for the purposes mentioned above.
2. I undertake to regularly notify the System Administrator i.e. the University Guard of any changes to my personal data.
3. I declare that the information given in this form is true, which I hereby confirm with my own signature.

…………………………………… *(date and signature of applicant)*

*Should the Applicant’s authorisation to enter the grounds of the Campus expire or be withdrawn, the University of Gdańsk shall cease processing his/her personal data.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Confirmation of receipt of an ID card

I have received ID card no. …………….… on (date) ………………… . I confirm that I am familiar with the Internal Regulations of entry into and parking on the grounds of the Baltic Campus of the University of Gdańsk in Gdańsk Oliwa.

I further undertake not to share the ID card with a third party.

………………………………………… *(date and signature of applicant) ……………………………………………*

*(date and signature of person accepting the application)*