# Support Center for People with Special Needs

# University of Economics in Katowice

|  |  |
| --- | --- |
| **DATE** |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **CITY/TOWN** |  |
| **POST CODE** |  |
| **STREET /FLAT OR BLDG NO.** |  |
| **PHONE NO.**  |  |
| **E-MAIL ADDRESS****(at uekat.pl)**  |  |
| **MARK AS APPROPRIATE****(choose one option)** | * student/PhD student/participant
* employee
 |

## MEDICAL DOCUMENTATION ATTACHED:

* yes
* no

## CERTIFICATE OF DISABILITY

* permanent

• temporary - valid until: .....................................

* no certificate
* not applicable

### IF YOU HOLD A CERTIFICATE – mark the appropriate institution

1. **Regional or Municipal Disability Assessment Board:**

**Assessed degree of disability:**

* + mild
	+ moderate
	+ severe
1. **Decision of the Medical Board for Invalidity and Employment**

**Assessed group:**

* + I
	+ II
	+ III

### ZUS (Social Insurance Institution) certifying physician:

**Assessed inability to work:**

* + partial inability to work
	+ total inability to work
	+ total inability to work and live independently

## DISABILITY SYMBOL

* 01-U – intellectual disability
* 02-P – mental illnesses
* 03-L – voice, speech and hearing impairments
* 04-O – sight impairments
* 05-R – musculoskeletal system dysfunctions
* 06-E – epilepsy
* 07-S – respiratory and cardiovascular system diseases
* 08-T – digestive system diseases
* 09-M – genitourinary system diseases
* 10-N – neurological illnesses
* 11-I – other, including: endocrine or metabolic diseases, enzymatic disorders, contagious diseases, diseases from animals, disfigurements, haematological system illnesses
* 12-C – general developmental disorders
* not applicable (no certificate)

## TYPE OF DISABILITY

* musculoskeletal system dysfunction
* sight impairment
* hearing impairment
* speech impairment
* autism spectrum disorders
* emotional disorders
* other

### DESCRIPTION OF HEALTH PROBLEMS – if applicable

Briefly describe your disability, indicating anything which may be important in order to select suitable assistance, i.e. how you move around, what specialised equipment you use, how you read and write.

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

## DIFFICULTIES WHEN STUDYING/ WORKING

Describe the difficulties encountered when studying (or at earlier stages of education) or when working at the University.

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

## TYPE OF ASSISTANCE EXPECTED

Briefly describe what kind of assistance you would expect from the employees of CWOzSP

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

*...........................................................................................................................................................*

• Under Article 6(1)(a) of the GDPR1 and Article 9(2)(a) I give my consent to the processing of my personal data and the personal data related to my health condition for the purposes of my application for any forms of support for persons with special needs, offered by the Support Center for Persons with Special Needs (CWOzSP) at the University of Economics in Katowice, which acts as a data controller.

The privacy notice is available from the data controller, at the controller's website or in Public Information Bulletin.

………….............…………………….

date, legible signature

|  |  |
| --- | --- |
| I acknowledge the receipt of the Registration FormKatowice, dated........................................................... | ………….............…………………….signed by an employee of the Support Center for Persons with Special Needs |

|  |  |
| --- | --- |
| I confirm the registration in CWOzSP systemKatowice, dated........................................................... | ………….............…………………….signed by the head of the Support Center for Persons with Special Needs |



1 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC - General Data Protection Regulation (Official Journal of the EU of 2016 No.119, item 1 as amended)

# TO BE COMPLETED BY THE STUDENT/PHD STUDENT/PARTICIPANT



|  |  |
| --- | --- |
| **Student registration number** |  |
| **Mode of studies****(choose one option)** | •• | full-time weekend |
|  | • | undergraduate |
|  | • | graduate |
| **TYPE OF PROGRAMME** | • | doctoral |
| **(choose one option)** | • | post-graduate programmes |
|  | • | Third Age University |
|  | • | Children’s University |
| **FIELD OF STUDY** |  |
| **SEMESTER** | • | I | • IV |
| • | II | • V |
| **(choose one option)** |
| • | III | • VI |

………….............…………………….

date, legible signature