# Support Center for People with Special Needs

# University of Economics in Katowice

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

## 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

## SUPPORT

I submit my request for the support to be given in the following semester (choose one):

* winter
* summer

## TYPE OF SUPPORT

I would like to receive the following type of support:

* student assistant
* sign language interpreter
* entry to the internal car park
* adaptation of materials (e.g. larger font)
* specialised equipment e.g. a Braille printer, a keyboard for the visually impaired, etc.
* remedial classes in physical education
* remedial classes in a foreign language (for undergraduate full time and weekend students)

**You may request not more than 2 extra language courses in the following languages:**

(Specify the language level for an extra language course)

* + English (choose the level: A1/ A2/ B1/ B2/ C1): ....................
	+ German (choose the level: A1/ A2/ B1/ B2/ C1): ...................
	+ French (choose the level: A1/ A2/ B1/ B2/ C1): ....................
	+ Spanish (choose the level: A1/ A2/ B1/ B2/ C1): ..................

• Italian (choose the level: A1/ A2/ B1/ B2/ C1): .........................

* + Russian (choose the level: A1/ A2/ B1/ B2/ C1): .......................
* access to teaching materials

**Full name of the subject and of the lecturer**

• .........................................................................................................................

• .........................................................................................................................

• .........................................................................................................................

• .........................................................................................................................

• .........................................................................................................................

* adaptation of course completion tests and examinations

• other ...........................................................................................................................

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### I REQUEST THE ADAPTATION OF – if applicable

* examination
* course completion test

## FORMS OF ADAPTATION

* written-to-verbal change of form
* verbal-to-written change of form
* longer time for an exam/ a course completion test
* adapted examination or test worksheets

### EXAMINATION – if applicable

(Specify in order - for every examination: full name of the subject, full name of the lecturer and the form of adaptation):

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

### COURSE COMPLETION TEST – if applicable

(Specify in order - for every course completion test: full name of the subject, full name of the lecturer and the form of adaptation):

* ...............................................................................................................................................
* ...............................................................................................................................................
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## JUSTIFICATION

Briefly explain the reasons for your request.

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• 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

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| --- | --- |
| I acknowledge the receipt of the requestKatowice, 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)

## OPINION GIVEN BY THE HEAD OF THE FOREIGN LANGUAGES CENTER

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| --- | --- |
| Katowice, dated................................................. | ……………………………………signed by the Head |



I give my approval to the granting of the support at an hourly rate of …………………………………

/I refuse to give my approval\*

The compensation is paid/may not be paid with the funds from a subsidy for tasks related to the provision of conditions to disabled persons for full participation in the admissions process for and in the education at university programmes and doctoral schools or for the conduct of research activities.

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| --- | --- |
| Katowice, dated................................................. | ……………………………………signed by Rector's Representativefor Persons with Special Needs |

\*cross out if not applicable

## OPINION GIVEN BY THE HEAD OF THE PHYSICAL EDUCATION AND SPORTS CENTER

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|  |  |
| --- | --- |
| Katowice, dated................................................. | ……………………………………Signed by the Head |



I give my approval to the granting of the support at an hourly rate of ………………………………

/I refuse to give my approval\*

The compensation is paid/may not be paid with the funds from a subsidy for tasks related to the provision of conditions to disabled persons for full participation in the admissions process for and in the education at university programmes and doctoral schools or for the conduct of research activities.

|  |  |
| --- | --- |
| Katowice, dated................................................. | ……………………………………signed by Rector's Representativefor Persons with Special Needs |

\*cross out if not applicable

## Signed by the Head of the Support Center for Persons with Special Needs

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| Katowice, dated................................................. | ……………………………………signed by the Head |
| I support/ don't support the request\*Katowice, dated................................................. ……………………………………signed by Rector's Representativefor Persons with Special Needs |

|  |  |
| --- | --- |
| I give/I refuse to give my approval\*Katowice, dated................................................. | ………………………………………signed by the Director of Property Management Office  |

I give my approval to the granting of the support at an hourly rate of ………………………………

/I refuse to give my approval\*

The compensation is paid/may not be paid with the funds from a subsidy for tasks related to the provision of conditions to disabled persons for full participation in the admissions process for and in the education at university programmes and doctoral schools or for the conduct of research activities.

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| --- | --- |
| Katowice, dated.……………………. | ……………………………………signed by Rector's Representativefor Persons with Special Needs |

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| --- | --- |
| I give/I refuse to give my approval\* Katowice, dated ………………………........  | ………………………………………signed by the Dean |

\*cross out if not applicable

# 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 |
| **DEGREE COURSE** |  |
| **SEMESTER** | • | I | • IV |
| • | II | • V |
| **(choose one option)** |
| • | III | • VI |

………….............…………………….

date, legible signature