



MEDICAL  
UNIVERSITY  
OF WARSAW

FACULTY OF MEDICINE AND DENTISTRY

.....  
(Stamp of the organisational unit of the  
Medical University of Warsaw)

Warsaw, date .....

.....  
(Student's name and surname)

.....  
(Student ID No./year of studies)

.....  
(Contact telephone number)

Professor Piotr Regulski, DMD, PhD  
Vice Dean for the English Dentistry  
Division and International  
Cooperation and electroradiology  
Faculty of Medicine and Dentistry  
Medical University of Warsaw

### CONSENT AGREEMENT TO ORGANIZE THE SUMMER STUDENT PLACEMENT

I apply for consent to organize the summer student placement at .....

.....  
(Name and address of the healthcare institution/ entity)

on the following dates ..... in accordance with the summer  
student placement program enclosed with this Application.

I also consent to share my personal data such as name and surname, and the type and field of  
study to:

.....  
(Name of the healthcare institution / entity)

in connection to my summer student placement.

.....  
(Student's signature)

**Contact details of the person in charge of summer student placement at the healthcare institution / entity**

*(to be filled in by the person in charge of summer student internship)*

Name and surname

.....

Contact telephone

.....

Pursuant to Article 7 of the 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 (hereinafter: the GDPR), **I represent that I give my explicit and freely given consent to the processing of my personal data, comprising my name, surname, contact details and place of employment**, by the Medical University of Warsaw as the data Controller, in order to document the completion of student practical training at the healthcare institution / entity.

I provide my personal data freely and being informed. I represent that the data are true and that a request for consent has been presented to me in an intelligible and easily accessible form, using clear and plain language.

.....

(Place and date)

.....

(Name and signature of the person in charge of summer student placement)

**INFORMATION:**

The Administrator of your data in the meaning of the GDPR is Warszawski Uniwersytet Medyczny [Medical University of Warsaw], ul. Żwirki i Wigury 61, 02-091 Warszawa; contact details of the Data Protection Officer of Medical University of Warsaw: phone 22 57-20-240; [iod@wum.edu.pl](mailto:iod@wum.edu.pl). Your personal data will be processed in order to document the completion of summer placement by the students of the Medical University of Warsaw at a healthcare institution / entity, on the basis of Article 6.1(a) of the GDPR and will be stored for a period of 50 years in accordance with the provisions of the Regulation of the Minister of Science and Higher Education dated September 27, 2018 on studies (i.e. Journal of Laws of 2023, item 2787).

Providing personal data is voluntary, but is a condition for the student to complete placement with a healthcare institution/entity. The Administrator's request for providing personal data results from the Administrator's obligation to document the completion of summer placement by the students of the Medical University of Warsaw at a healthcare institution/entity in accordance with provisions of law, including but not limited to the Act of July 20, 2018 – the Law on Higher Education (i.e. Journal of Laws of 2023, item 742 as amended).



FACULTY  
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phone: +48 22 57 20 512  
[stomatologia@wum.edu.pl](mailto:stomatologia@wum.edu.pl)

You have the right of access to your personal data, the right to correction, rectification, erasure or restriction of processing of your personal data, or the right to object to the processing, as well as the right to data portability. The data will not be made available to other entities, unless required by provision of law. You have the right to withdraw your consent to personal data processing any time, which you may exercise submitting a written declaration personally or by mail to: the Dean of the Faculty of Dental Medicine, ul. Żwirki i Wigury 61, 02-091 Warszawa, whereas the withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal. Furthermore, the withdrawal of consent will not affect the storage of the personal data by the Medical University of Warsaw for a period of 50 years in accordance with the provisions of the Regulation of the Minister of Science and Higher Education dated September 27, 2018 on studies (i.e. Journal of Laws of 2023, item 2787).

The Medical University of Warsaw will not make decisions based on automated processing, including profiling in the meaning of the GDPR, based on the personal data.

You have the right to lodge a complaint with the supervisory authority (the President of the Personal Data Protection Office) if the processing of your personal data infringes the GDPR.

I have familiarised myself with the above information.

.....  
(Place and date)

.....  
(Name and signature of the person in charge of summer student placement)

### **Opinion of the summer student placement's supervisor at the Faculty**

*(to be filled in by the summer student placement supervisor)*

**I consent** the approval for the summer student placement/ **I do not consent** for the summer student placement.

Justification (in case of a negative decision) .....

.....

Warsaw, .....  
(date, name and signature of summer student placement supervisor)