**RECRUITMENT FORM FOR THE STUDENTS WILLING TO PARTICIPATE IN BLENDED INTENSIVE PROGRAMME (BIP) at Kazimierz Wielki University, Bydgoszcz (Poland) entitled: DEVELOPING CYBER RESILIENCE SKILLS**

|  |  |
| --- | --- |
| Number |  |
| Date of receipt |  |
| Time |  |
| Signature of authorised person |  |

1. Surname: ………………………………………………………………………………………………………………….

2. Names:……………………………………………………………………………………………………………………..

3. Gender:…………………………………………………………………………………………………………………….

4. Date of birth: …………………………………………………………………………………………………………..

5. Student ID: ………………………………………………………………………………………………………………..

6. Contact details - e-mail: ……………………………………………………………………………………………

Phone number: ……………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………….

ID or Passport number: …………………………………………………………………………………………………

7. I am a student:

University: ……………………………………………………………………………….

Field of study: ……………………………………………………………………………

Year of study: ……………………………………………………………………………

8. Declaration of participation to:

I declare an interest to participate in BLENDED INTENSIVE PROGRAMME (BIP) at Kazimierz Wielki University, Bydgoszcz (Poland) entitled: DEVELOPING CYBER RESILIENCE SKILLS which is consisting of:

* 5-9th June 2023 – 20 hours of virtual mobility
* 3-7th July 2023 – 40 hours of physical mobility
* 10-12th July 2023 – 10 hours of virtual mobility

9. STATEMENTS:

YES - I hereby consent to my personal data being processed in the recruitment form for

the purpose of further participation in the recruitment process and possible

qualification into the Project.

YES - I agree to share my data for recruitment to the Blended Intensive Program – Developing cyber resilience skills.

YES - I am aware that the ERASMUS scholarship is a co-financing, i.e. it may not cover all costs related to the trip and scholarship stay abroad.

YES - After qualifying for the Program, I consent to the taking of photos and videos in order to document the process and elements of the Program.

YES - I consent to the use of materials prepared by me and with my name and surname in order to publish the achievements developed during the Program in all kind (Internet, monograph, handbook, workbook, leaflets etc.).

YES - I undertake to participate both in online and physical mobility planned in the Programme.

YES - I declare that all information provided in the form and other attached documents is voluntary and truthful. I undertake to inform you of any changes.

(OPTIONAL) I report special needs in the organizational matter, taking into account

the fact that I am a disabled person:

(What kind of needs do you apply for?):

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Location Date Legible candidate signature