**Consent to the processing of personal data of the applicant/entrant**

I, ,

(full name)

date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport (ID card number) (day, month, year)

issued by (if available)

(information on the date of the document issue and on the authority that issued the document)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

,

registered at the following place of residence:

(information on the registered and actual place of residence)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in accordance with article 9 of the Federal Law "On personal data" dated July, 27th 2006, No 152-FZ, **give my consent** to theFederal State Budgetary Educational Institution of Higher Education “North-Western State Medical University named after I. I. Mechnikov” under the Ministry of Health of the Russian Federation (hereinafter referred to as the University), legal address: Saint-Petersburg, Kirochnaya st. 41, on processing and utilization my (applicant’s/entrant’s) personal data.

List of the personal data to be processed:

1. Full name, date and place of birth, registered place of residence, actual place of residence, series and number of the main identity document (passport), information on the date of the document issue and on the authority that issued the document (if available), copy of mentioned document

2. Details of the insurance certificate of compulsory pension insurance (SNILS), its copy (if available)

3. Contact number, e-mail

1. Photo
2. Education document, its copy
3. Health information
4. Contact information and any other information relating to my personality, available or known at any particular time to the University.

I confirm that by giving this consent, I am acting without any coercion, by my own will and in my own interests.

The consent is given by me for the purposes of University admission (including for the purposes of signing an education contract), and in case of my enrollment, for the purposes of training and also providing information to third parties on my personal data related to training, employment and other cases provided by the legislation of the Russian Federation.

This consent is given to take any actions regarding my personal data that are necessary to achieve the above goals, including, without limitation:

- collection,

- recording,

- systematization,

- accumulation,

- storage,

- clarification (update, change),

- use,

- distribution (including disclosure),

- depersonalization,

- blocking,

- destruction,

- any other actions related to my personal data, subject to the laws of the Russian Federation, except for their dissemination.

I know that the processing of personal data is carried out by the University on paper and electronic media using automation tools.

This consent to the processing of my personal data is valid for an unlimited period of time.

The withdrawal of the Consent is carried out in written form by submitting it to the University.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021

CONSENT

TO THE PROCESSING OF PERSONAL DATA AUTHORISED BY THE DATA SUBJECT FOR DISSEMINATION

I, ,

(full name)

passport (ID card number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

issued by (if available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

registered at the following place of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

referring to article 10.1 of the Federal Law “On personal data" dated July, 27th 2006, No 152-FZ, hereby declare that I give my consent to the dissemination of my personal data by the operator:

Federal State Budgetary Educational Institution of Higher Education “North-Western State Medical University named after I. I. Mechnikov” under the Ministry of Health of the Russian Federation (FSBEI HE NWSMU n. a. I. I. Mechnikov under the Ministry of Health of the Russian Federation, address: 191015, Saint-Petersburg, Kirochnaya st. 41, Taxpayer Identification Number (INN): 7842461679, Primary State Registration Number (OGRN) 1117847434990).

This consent is given to ensure compliance with the provisions of the regulations: the Federal Law “On education in the Russian Federation” dated 29.12.2012 No 273-FZ, the Order of the Ministry of Education and Science of the Russian Federation “On approval of the admission procedure for education programmes of higher education – bachelor's programmes, specialist (MD courses) programmes, master's programmes” dated 21.08.2020 No 1076, the Order of the Ministry of Education and Science of the Russian Federation “On approval of the Procedure for organizing and implementing educational activities under higher education programmes – bachelor’s programmes, specialist (MD courses) programmes, master’s programmes” dated 05.04.2017 No 301, the Order of the Ministry of Education and Science of the Russian Federation “On approval of the Procedure and cases of transfer of persons studying educational programmes of secondary vocational and higher education from fee-based to free education” dated 06.06.2013 No 443, the Order of the Ministry of Education and Science the Russian Federation “On approval of the Procedure for transfer of students to other organization that carries out educational activities on educational programmes of secondary vocational and (or) higher education” dated 10.02.2017 № 124, and also for the purposes of the educational process at North-Western State Medical University named after I. I. Mechnikov under the Ministry of Health of the Russian Federation (hereinafter - the University) and my participation in conferences, competitions and University events. For the above purposes, personal data shall be disseminated in the following manner:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of personal data | List of personal data | Permission to distribute  (select) | Conditions and prohibitions  (if available) | Additional conditions (if available) |
| general personal data | Family name | yes |  |  |
| First name | yes |  |  |
| Patronymic (if available) | yes |  |  |
| Date of birth | yes |  |  |
| Details of the insurance certificate of compulsory pension insurance | yes |  | *is used for admission to training* |
| The grounds for admission without entrance tests | 🞎 yes  🞎 inapplicable |  | *used for admission to training, for applicants without entrance tests* |
| The sum of competitive points (for entrance tests and individual achievements),  the sum of points for entrance tests,  amount of points for each entrance test | yes |  | *used for admission to training, for applicants based on the results of entrance tests* |
| Amount of points for individual achievements | yes |  | *used in the admission process* |
| Preferential enrollment rights | 🞎 yes  🞎 inapplicable |  | *for applicants to bachelor's and specialist's programmes* |
| Availability of a statement of consent to enrollment | yes |  | *used in the admission process* |
| Customer for targeted training | 🞎 yes  🞎 inapplicable |  | *for applicants within the targeted quota* |
| Applicant's record number | yes |  | *used in the admission process* |
| Student’s record number | yes |  |  |
| Form of training | yes |  |  |
| Basis of training | yes |  |  |
| Year of study, faculty, specialty (training area) | yes |  |  |
| number of the study group (subgroup) | yes |  |  |
| E-mail address | yes |  |  |
| The topic (subjects) of research and other papers presented during University events | yes |  |  |
| Results of participation in the University events | yes |  |  |
| Average grade point on the results of two interim assessments | yes |  | *used in the case of the transfer from commercial to free education* |
| Average grade point for the entire period of study | yes |  |  |
| A list of educational, scientific and other achievements  (portfolio), as well as the information about relevant grounds for transfer from fee-based to free education in accordance with the Order of the Ministry of Education and Science of the Russian Federation dated 06.06.2013, No 443 | yes |  |
| A photo of the student | yes |  | *used for the purposes of the educational process, participation in conferences, competitions and other University events* |
|  |

Information on resources through which access will be granted to the general public and other actions with personal data of data subject:

- https://szgmu.ru/rus/m/33/

I hereby give or do not give (*underline as appropriate*) my consent for my personal data to be posted on the University's information boards for the purposes specified in this consent.

This consent is valid from the date of its signing for the entire period of my training at the University. If I am not enrolled for training, this consent shall remain valid insofar as processing and distribution of personal data, the use of which is carried out by the University during my admission, until the expiry of the period of posting the personal data on the University information resources, in the remaining part it shall cease to be valid.

I am aware that this consent may be withdrawn by submitting a written request to that effect.

“\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data subject:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name)