## Annex no. 8 - Sample form of the UPJŠ employee's consent to the processing of a special category of personal data for the purposes of evaluating the fulfillment of conditions for tuition fees, allocation of accommodation in UPJŠ accommodation facilities and other purposes that take into account medical condition of the employee

**Consent to the processing of a special category of personal data**

Undersigned employee (title, name, surname): ........................................................

Date of birth:

Faculty /university department:

according to the Art. 9 (2) (a) a) Regulation of the European Parliament and of the Council of the EU no. 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive no. 95/46 / EC (General Data Protection Regulation) (hereinafter referred to as “GDPR”), **I expressly consent** to the Pavol Jozef Šafárik University in Košice, Šrobárova 2, 041 80 Košice (hereinafter referred to as the “controller”) **with the processing of a special category of personal data concerning my medical condition for the purpose of:**

*□* allocation of a special grant within the Erasmus+ program for employees with disabilities

*□* other (specify) .....................................................................................................................

This consent may be revoked at any time by sending a written revocation of the consent to the controller and the revocation of the consent shall not affect the lawfulness of the processing of a specific category of personal data based on the consent prior to its revocation.

As a data subject, I acknowledge that I have rights under Articles 15 to 22 of the GDPR: the right to request access to my personal data from the controller upon written request; request the rectification, erasure or restriction of the processing of personal data, object to the processing of personal data, for the portability of their personal data; withdraw your consent to the processing of personal data at any time, if personal data are processed on this legal basis, the right to lodge a complaint to the supervisory authority t. j. Office for Personal Data Protection of the Slovak Republic.

Privacy Policy conditions at UPJŠ are published on the UPJŠ website:
<https://www.upjs.sk/verejnost-media/informacie-pre-verejnost/ochrana-osobnych-udajov/>

For the assessment of my medical condition for the purpose stated above, I submit a medical certificate (medical finding, report on the course and development of the disease and disability or an extract from the medical documentation, or other).

In ................................, on.......................

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 Employee’s signature

1 *Select one of the options listed*