

COVID-19 vaccine application form

1. Name :
2. Surname:
3. Willing to be vaccinated * :
4. PESEL (Personal Identification Number)**:
5. Phone number** :

Family member to be vaccinated:

1. Name:
2. Surname:
3. PESEL (Personal Identification Number):
4. Phone number:

Family member to be vaccinated:

1. Name:
2. Surname:
3. PESEL (Personal Identification Number):
4. Phone number:

Family member to be vaccinated:

1. Name:
2. Surname:
3. PESEL:
4. Phone number:

Family member to be vaccinated:

1. Name:
2. Surname:
3. PESEL (Personal Identification Number):
4. Phone number:

I hereby declare that I accept that the provision of the personal data requested in the form is voluntary, but necessary to make a successful application for vaccination.

.....
Date and signature of the applicant

I hereby declare that, in the case of necessity arising from the process of organising the vaccination, I consent to my data being made available to the Ministry of Health, the e-Health Centre and the National Health Fund for the purposes of organising and carrying out the vaccination process.

.....
Date and signature of the applicant

/* - enter YES/NO

** to be filled in only if YES is entered in line 3.

I declare that the persons shown as family members who volunteer to be vaccinated have consented to the processing of their personal data for the purpose of this application and the organisation of the vaccination.

.....
Date and signature of the applicant

Information on the processing of personal data concerning persons who have expressed their will to be vaccinated against COVID-19

In fulfilment of the obligation under Articles 13 and 14 of the EU Regulation 2016/679 of 27 April 2016. (hereinafter: GDPR) we inform you that:

1. *The Controller within the meaning of Article 4(7) of the GDPR in relation to personal data collected from persons who have expressed their will to be vaccinated against COVID-19 is the Silesian University of Technology.*
2. *The Controller has appointed a Data Protection Officer with whom, in matters concerning personal data, it is possible to contact via the following email address: iod@polsl.pl.*
3. *Your personal data and the personal data of your family members will be processed in order to carry out the process of organizing the vaccination of persons who have expressed their will to be vaccinated against COVID-19 and to inform them of the possibility of carrying out such a vaccination and of making an appointment for it.*
4. *Within the framework of the organisation of the vaccination process, we collect the following data: first name, surname, PESEL (Personal Identification Number), telephone number and, if there is no PESEL number, date of birth, series and number of the passport or other document confirming identity.*
5. *The basis for the processing of personal data in order to organise the vaccination process is Article 6(1)(a) of the GDPR, i.e. your consent to the processing of the data provided in connection with your expressed will to be vaccinated, Article 6(1)(f), i.e. legitimate interest, i.e. for communication purposes.*
6. *The Controller informs that personal data will be transferred to the following recipients:*
 - (a) the Minister of Health,*
 - b) National Health Fund,*
 - c) The e-Health Centre,*
 - d) Vaccination Centre,*

in order to organise the vaccination process. Detailed information on this subject is available on the website of the Minister of Health.
7. *Personal data in the process of organising the vaccination process will be processed until the purpose is fulfilled, i.e. until the work of the Vaccination Point is completed. After that time, the data will be deleted.*

8. *You have the right to request from the Controller access to your personal data, rectification, erasure or restriction of processing or the right to object to processing, data portability.*
9. *In the case of processing your personal data on the basis of consents, the Controller informs you about the right to withdraw consent at any time without giving reasons and affecting the legality of the processing, which was carried out on the basis of consent before its withdrawal.*
10. *The Controller also informs about the right to lodge a complaint to the supervisory authority of the President of the Office for Personal Data Protection.*
11. *Providing data for the purposes indicated above is voluntary, but necessary for their implementation. Failure to provide the required data results in the lack of enrolment of the interested person for vaccination and failure to inform about the possibility of vaccination.*
12. *Please be informed that you will not be subject to a decision that is based solely on automated processing, including automated profiling.*
13. *Please be informed that, in the case of processing based on consent, you may withdraw your consent by contacting the Controller via email address: iod@polsl.pl or by sending a request to the address of the registered office of the Silesian University of Technology ul. Akademicka 2A, 44-100 Gliwice with the note IOD.*

.....
Date and signature of the applicant

I hereby declare that I have communicated the above Information on the processing of personal data concerning persons who have expressed their will to be vaccinated against COVID-19 to all persons notified by me on the form.

.....
Date and signature of the applicant