*Appendix No. 3 to the Regulations for Benefits for Managing the Financial Resources of the Doctoral Students' Self-Government of Institute of Oceanology PAN*

*……………………………………………………………….*

*Town, Date*

**APPLICATION FOR CO-FUNDING OR REIMBURSEMENT**

**A TRAVEL TO A SCIENTIFIC CONFERENCE/TRAINING/COURSE in the academic year of 20…/……**

**(APPLICATION SHOULD BE COMPLETED LEGIBLY - IN CAPITAL LETTERS)**

**Budget Committee**

**of the Doctoral Students' Self-Government**

**Institute of Oceanology of the Polish Academy of Sciences**

**………………………………………………………………………………….**

**FIRST AND LAST NAME**

**………………………………………………………………………………….**

**DOCTORAL SCHOOL/STUDIES AND YEAR OF STUDY**

**………………………………………………………………………………….**

**PHONE NUMBER AND EMAIL**

**…………………………………………………………………………………..**

**…………………………………………………………………………………...**

**ADDRESS FOR CORRESPONDENCY**

**I am asking for co-funding from the IO PAN Doctoral Self-Government for participation in:**

**□ national conference – poster □ national conference – oral presentation**

**□ international conference – poster □ international conference – oral presentation**

**□ national course/training □ international course/training**

The requested amount of co-financing resulting from the cost estimate:

……………………………………………..

Place: ……………………………………..

Date of the conference / course / training:

……………………………………………

Title of the conference / course / training:

…………………………………………….

Title of the presentation / poster:

……………………………………………………………………………………………………………

Justification of the application (description of the conference / course / training, degree of connection of the conference/training/course with the subject of the research conducted in the opinion of the doctoral student):

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Abstract of the presentation / poster:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Subject of the doctoral thesis / doctoral project:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**DETAILED QUOTATION**

**for the Application for co-financing of a participation in a conference / course / training**

|  |  |  |
| --- | --- | --- |
| No | Cost description  | Amount |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
|  | TOTAL |  |

In the event of any other circumstance affecting the right to financial assistance, I will immediately report this fact to the Doctoral Students' Self-Government Committee, and unduly collected benefits will be returned by me.

I have read the Regulations for granting financial support to IO PAN PhD Students and the conditions entitling them to receive benefits from the Doctoral Self-Government Fund.

I consent to the delivery of the decision of the Doctoral Students' Self-Government Committee by e-mail and in paper version.

Aware of legal liability, including for providing false data, including the possibility of having to return unduly collected funds, including criminal liability under Art. 286 § 1 k.k. and disciplinary liability under Art. 322 of the Act of July 20, 2018. Law on Higher Education and Science, I declare that all the attached documents and the data contained therein are consistent with the facts.

…………………………………………..

The Supervisor Signature

………………………………………….

The applicant’s Signature

**I declare that I have read the following RODO clause:**

**According to Art. 13 and 14 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation, hereinafter: GDPR), we inform that:**

1. **The Institute of Oceanology of the Polish Academy of Sciences is the administrator of personal data of the person whose data is processed in connection with the doctoral student's application for benefits from the funds of the Doctoral Students' Self-Government of the IO PAN**
2. **contact details of the administrator: ul. Powstańców Warszawy 55, 81-712 Sopot, (+48 58) 73 11 600, fax: (+48 58) 551 21 30; e-mail:** **office@iopan.gda.pl****,**
3. **in matters related to data processing, please contact the Data Protection Officer: tel. 58 73 11 942, e-mail:** **iodo@iopan.pl****,**
4. **Your personal data will be processed in order to consider and implement the application for the benefit from the above. funds and for settlement and archival purposes, as well as for the purpose of pursuing claims or defending against claims,**
5. **Your personal data will be processed on the basis of art. 6 sec. 1 lit. c and art. 6 sec. 1 lit. f GDPR (necessity to fulfill the legal obligation imposed on IO PAN and the legitimate interest of the administrator),**
6. **Your personal data will be processed for a period of 5 years in relation to the documentation on the basis of which benefits were granted from the funds of the Doctoral Students' Self-Government of the IO PAN,**
7. **the recipients of the data may be entities authorized under the law and entities with which IO PAN will conclude appropriate agreements for the provision of external services,**
8. **you have the right to access your personal data and receive a copy of it, rectify it, delete it (in a situation where data processing does not take place in order to fulfill the obligation arising from the law) or limit its processing,**
9. **you have the right to lodge a complaint with the complaint supervisory body, i.e. the President of the Office for Personal Data Protection,**
10. **providing your personal data is voluntary, but failure to do so will result in the inability to apply for a benefit from the funds of the Doctoral Students' Self-Government of the IO PAN,**
11. **with regard to the processed data, decisions will not be made in an automated manner, nor will the data be transferred outside the EU/EEA.**

……………………………………………………………

The applicant's signature

**TO BE COMPLETED BY a member of the Budget Committee:**

1. I confirm the submission of the application with a complete set of attachments:

……………………………………………….

Date and signature of the Chairperson

 of the Budget Committee

**Granted/not granted\* co-funding in the amount ……………………….,**

**Date on which the application was processed……………………….**

\* delete as appropriate

………………………………………………..

Signature of the President

of the Doctoral Students’ Self-Government