

## Application for inclusion in the register of students with specific needs and consent to the assessment of specific needs

(in accordance with § 100 of Act no. 131/2002 Coll. on universities and on the amendment of certain laws)

Name and surname of the applicant: .....

Date of birth: .....

Address: .....

e-mail:..... Phone:.....

Admission procedure for the academic year: .....

### Type of health handicap (circle the applicable):

- a) visual impairment
- b) hearing disability
- c) physical disability of the lower limbs
- d) physical disability of the upper limbs
- e) chronic disease
- f) health impairment
- g) mental illness
- h) autism or other pervasive developmental disorder
- i) learning disorders (dyslexia, dysgraphia, dyscalculia, dysorthography)
- j) other (specify)

In connection with the above-mentioned type of disadvantage, I am requesting to be included in the register of students with specific needs. I agree to an evaluation of my specific needs in order to determine the scope of support services.

I declare that all the information I provided is true and I have not withheld any important facts. For the purposes of evaluating the specific needs, I attach (circle):

- a) a medical certificate not older than three months (medical report, report on the course and development of the disease and disability or an extract from the medical documentation, or other),
- b) statement of a psychologist, speech therapist, school psychologist, school speech therapist or special pedagogue.

Date: .....

Applicant's signature: .....

### Notice:

The application with attachments, an integral part of which is the student's consent to the processing of personal data, is submitted in writing to the Undergraduate Studies' Coordinator.

## Student's consent to the processing of personal data of a special category

Name and surname of the applicant: .....

Date of birth: .....

Address: .....

In accordance with § 16 paragraph 2 letter a) of Act no. 18/2018 Coll. on the Protection of Personal Data and on Amendments to Certain Acts (hereinafter referred to as the "Act on the Protection of Personal Data"), I give my express consent to Bratislava International School of Liberal Arts processing my personal data of a special category related to my health for the purpose of evaluating my specific needs and the scope of support services during the entire period when I will be included in the register of students with specific needs and I will be provided with support services in accordance with § 100 paragraph 4 of the Act on Universities. This consent applies to the personal data listed in this application and in its annexes, which the university is authorized to request according to § 100 paragraph 3 of the Act on Universities. I understand that I can revoke this consent at any time only in writing to the address: Bratislava International School of Liberal Arts, Grösslingová 53, 811 09 Bratislava. The withdrawal of consent does not affect the lawfulness of processing personal data based on the consent before its withdrawal. At the same time, I acknowledge that personal data can only be processed by authorized persons who are obliged to comply with the provisions of the Personal Data Protection Act and that the processed data will be archived and disposed of in accordance with the applicable legal regulations of the Slovak Republic.

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_