

## **The Application for entry in the Database of candidates for experts of the Medical Research Agency.**

**I, the undersigned, hereby apply to be included in the *Database of candidates for experts who shall prepare assessments or provide expert opinions for the Medical Research Agency* (hereinafter referred to as: the List)**

<b>1. PERSONAL DATA</b>	
Name(s) and surname	
Personal Identification Number (PESEL)	
Residence address	
Correspondence address <sup>1</sup>	
Tax ID no. <sup>2</sup>	
Contact phone no.	
E-mail	
Current workplace (in the case of being employed in more than one place of work, please list all such places)	

<b>2. EDUCATION</b> (if necessary, include more copies of the headings specified below)	
Name of completed higher education establishment	

<sup>1</sup> Please complete if different from the residence address.

<sup>2</sup> To be completed by persons conducting business activity.



Year of graduation from the higher education establishment Professional licence number - if applicable	
Major/ specialisation - in the case of a doctor/dentist	
Obtained title/degree/type of diploma	

**3. SUPPLEMENTARY EDUCATION  
(postgraduate studies, Ph.D. studies, etc.)**

Name of the establishment organising education	
Major/ specialisation	
Obtained title/degree/type of diploma	

**4. PROFESSIONAL EXPERIENCE**

Employment period (from- to)	
Place of work	
Town / City	
Position held	
Scope of performed tasks and activities	



5. ADDITIONAL INFORMATION

<b>Experience in reviewing/assessment of clinical research projects of medicinal products/medical devices</b>	
<b>Other experience, qualifications, skills or practice (courses, training, academic achievements, publications, etc.) justifying the application for inclusion in the List with the indication of the field/aspect concerned</b>	

I hereby confirm the authenticity of the data contained in the form by my handwritten signature

Town/city: ..... date: .....

.....  
candidate's signature

In compliance with Art. 13 of the Regulation (EU) No 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ of the EU No. L. 119 of 2016) I hereby inform that:

- 1) The Controller of your personal data is the President of the Medical Research Agency, at ul. Moniuszki 1A, 00-014 Warsaw.
- 2) The Controller has appointed a Data Protection Officer whom you can contact at [iod@abm.gov.pl](mailto:iod@abm.gov.pl)
- 3) Your personal data shall be processed with the view to conducting a recruitment process for candidates for external experts that will assess all applications for co-financing of research projects in substantive terms.
- 4) The legal basis for the processing of your personal data is Article 6(1)(b) of the GDPR, i.e. processing is necessary to take action at the request of the data subject before entering into an agreement. and on the basis of Article 6(1)(c) in connection with the Act of 21st February 2019 on the Medical Research Agency (a uniform text: Polish Journal of Laws 2019, item 447) and Article 6(1)(e) of the GDPR, where the task carried out in the public interest is to evaluate applications submitted to the competitions announced by the Controller.

- 5) Your personal data shall be stored by the Controller for the period necessary to achieve the above-mentioned purpose, i.e. until the end of the recruitment process for candidates for external experts assessing applications for research projects in substantive terms.
- 6) Your personal data may be made available only to entities entitled to obtain personal data on the basis of legal provisions, entities which operate the Controller's ICT systems and provide ICT tools (e.g. hosting services, cloud services) or entities providing courier services.
- 7) Your personal data shall not be processed in an automated manner and shall not be profiled.
- 8) You have the right to demand from the Controller the access to personal data, the right to rectify them, erase them or limit their processing and the right to data portability.
- 9) You have the right to object to the processing of data.
- 10) You have the right to lodge a complaint with the supervisory authority - the President of the Office for Personal Data Protection.
- 11) The provision of your data is voluntary, however it is necessary for conducting a recruitment procedure for candidates for external experts that will assess all applications for co-financing of research projects in substantive terms.
- 12) Your personal data will not be provided to a third country/ international organisation, unless the Controller is required to do so by law.

.....

*Legible signature of a candidate for expert*



Appendix 2 to the Regulations of co-operation between the Medical Research Agency and the external experts

.....

First name and surname

#### DECLARATION OF A CANDIDATE FOR EXPERT OF THE MEDICAL RESEARCH AGENCY

I, the undersigned, ..... (first name and surname) hereby declare that:

- I enjoy full civil rights;
- I have full legal capacity;
- I have not been convicted of an intentional crime or deliberate fiscal offence by a final judgement;
- I hold:

a) at least a Ph.D. degree in the field of medical and health sciences (or a higher degree/ title)

or

b) at least higher education degree (has at least the M.A., or M.Sc. degree, or equivalent) in the field of science and natural sciences or engineering and technical sciences or social sciences, in particular in the field of economy and finance and juridical sciences.

and

c) at least 5 years of documented professional experience in the area of research, economy or finance.

Furthermore, I undertake to inform the Agency of changes and circumstances affecting the fulfilment of the criteria set out in the call for candidates for experts.

I hereby confirm that I have become acquainted with the Regulations of Co-operation between the Medical Research Agency and the external experts, I accept their provisions and I shall comply with them.

I hereby represent that the information contained in this application is true.

.....

Place and date

.....

Signature



Appendix 3 to the Regulations of co-operation between the Medical Research Agency and the external experts

Warsaw, .....

Letter no.

.....

.....

First name and surname

**Order no. ....**

**on the basis of the Agreement no. .... of .....**

The Medical Research Agency hereby orders the performance of:

substantive assessment of the application for co-financing and appendices, substantive assessment of the supporting documentation submitted by the applicant at the Expert's request, issuing an individual opinion on granting or not granting a recommendation on the assessed application for co-financing	
the assessment of appeal against the co-financing application assessment results	
Other:	

<b>Project No.</b>	<b>Project title</b>
<b>Amount of gross remuneration</b>	..... <b>In words:</b>
<b>Time limit for Order performance</b>	<b>DD/MM/YYYY</b>

Any correspondence related to order performance must be sent to the e-mail address: ..... or ePUAP box address ..... (subject to detailed rules concerning the transfer of documentation resulting from the performance of the subject matter of the Order indicated in the Agreement). The competent contact person for the Ordering Party with regards to order performance shall be: ..... Phone no. .... e-mail address: .....

**SIGNATURE OF THE ORDERING PARTY**

.....



Appendix 4 to the Regulations of co-operation between the Medical Research Agency and the external experts

## DECLARATION ON IMPARTIALITY AND CONFIDENTIALITY

/ A TEMPLATE /

EXPERT (FIRST NAME AND SURNAME): .....

APPLICATION/PROJECT\* NO.: .....

APPLICATION/PROJECT\*TITLE: .....

APPLICANT/CONTRACTOR: .....

I hereby declare that:

there are no circumstances that may give rise to reasonable doubts as to my impartiality with regards to the aforementioned applicant/contractor\*, and also:

- 1) I have not participated personally in the preparation of the above application/project\*,
- 2) I do not have a personal relationship with the applicant/contractor\* that it could raise doubts as to my impartiality,
- 3) I declare the following with respect to the applicant/contractor\*:
  - a. I'm not married to the applicant/contractor\*, or in a relation of kinship and affinity to second degree,
  - b. I have not been related to the applicant/ contractor\* due to adoption, custody or guardianship,
- 4) I am not in a legal or factual relationship with the applicant/ contractor\* due to which the results of the assessment could affect his/ her rights or obligations,
- 5) I have not been in a professional relationship or other form of cooperation with the applicant/ contractor\* during the period of work within the team and I had not been in such a relationship or other form of co-operation for 3 years preceding the submission of the application or the assessment, including:
  - a. I am not in an employment relationship with the applicant/contractor\* and I had not been in such a relationship for the three years preceding the date of this declaration,
  - b. I do not provide, and had not provided for three years preceding the date of this declaration, services under civil law relationships to the applicant/contractor\* that may raise doubts about my impartiality,
  - c. I am not and had not been a member of the management and supervisory bodies of the applicant/contractor\* during the three years preceding the date of this declaration,
  - d. I am not and I had not been a partner, shareholder or stockholder of the applicant/contractor\* during three years preceding the date of this declaration.



Furthermore **I represent that:**

- 1) I undertake to treat any information obtained in connection with the substantive Assessment of the above-mentioned application/project\* as confidential information and I shall keep it secret, and I also undertake not to disclose it to any third parties,
- 2) I undertake to use any information obtained in connection with the substantive assessment of the above-mentioned application/project\* only for the purposes related to the substantive assessment of this application/project\*,
- 3) I undertake not to copy, reproduce, publish or distribute, in whole or in part, any information related to the Substantive Assessment of the above-mentioned application/project\*, except for cases where these activities are performed for the purposes for preparation of the assessment.

I am aware of criminal liability for making any false statements.

..... date .....

(town/city)

.....

(legible signature of the expert)





Appendix 5 to the Regulations of co-operation between the Medical Research Agency and the external experts

THE EXPERT DATA FORM FOR SETTLEMENT PURPOSES.

A. To be completed if the Expert makes an annual tax settlement in Poland  
(otherwise delete or cross out):

Form submission  Form update

EXPERT

Names:			
Last name:			
Degree/ title:			
Personal Identification Number (PESEL):			
E-mail address <sup>3</sup> :			
Permanent residence address:	City/Town:		Postal Code:
	Street:		Post office:
	Building No.:		Apartment number:
	Municipality:		District:
	Voivodeship:		Country:
Address of residence <sup>4</sup> :	City/Town:		Postal Code:
	Street:		Post office:
	Building No.:		Apartment number:
	Municipality:		District:
	Voivodeship:		Country:
Correspondence address <sup>4</sup> :	Name of work establishment (if a specified address is the company one)		
	City/Town:		Postal Code:
	Street:		Post office:
	Building No.:		Apartment number:
	Municipality:		District:
Voivodeship:		Country:	
Bank name:			
Bank account No <sup>5</sup> :			
Tax Office name:			
Tax Office address:			
Tax identifier (please select the appropriate option) :	<input type="checkbox"/> PESEL – PERSONAL IDENTIFICATION NUMBER <input type="checkbox"/> Tax ID no. (.....) TIN (.....)		

I am aware of the criminal and fiscal responsibility for providing false information, testifying untruthfulness or concealing the truth.

I declare that I am aware that the payment of remuneration for the completed Order in a given tax year may result in exceeding the preferential tax threshold for agreements transferring copyright, resulting from the applicable tax regulations. If the above threshold is exceeded, I shall submit an appropriate statement informing the MRA about this fact no later than at the moment of accepting the Order, the payment of remuneration for which will cause the threshold to be exceeded in a given tax year. At the same time, I am aware that in the event that the MRA is not informed of the circumstances specified in the previous sentence, I shall bear exclusive liability resulting from the payment of remuneration by the MRA on preferential terms.

.....  
date and signature of the Expert

<sup>3</sup> The indicated e-mail address is also used by the MRA to provide the Expert with a PIT form after the end of the tax year. Please keep your e-mail address up to date if you change it.

<sup>4</sup> Required, if different from the address of permanent residence

<sup>5</sup> The amounts due for completed Orders shall be transferred to the specified bank account.



**B. To be completed if the Expert makes an annual tax settlement in a country other than Poland (otherwise delete or cross out):**

Form submission  Form update

Please note: The provision of the following information is mandatory and required by the provisions of IFT-1R (i.e. "Information on the amount of revenue (income) obtained by natural persons not residing in Poland"), which will be issued by the MRA and sent to the Expert after the end of the tax year

**EXPERT**

First name:	
Last name:	
Degree/ title:	
E-mail address: The indicated e-mail address is also used by the MRA to provide the Expert with a IFT-1R form after the end of the tax year. Please keep your e-mail address up to date if you change it.	
Father's first name:	
Mother's first name:	
Date and place of birth:	
Tax Identification Number:	
The type of the above number:	<input type="checkbox"/> Tax Identification number <input type="checkbox"/> Insurance number <input type="checkbox"/> Passport <input type="checkbox"/> Official document confirming identity <input type="checkbox"/> Other type of tax identification <input type="checkbox"/> Other document confirming identity
The place of issue of the above-mentioned number:	
<b>Expert's residence address</b>	
Street and numbers:	
Postal Code:	
City/Town:	
Voivodeship/ Region:	
Country:	
<b>Correspondence address (to be completed if different from the residence address)</b>	
Name of company/ establishment- if applicable:	
Street and numbers:	
Postal Code:	
City/Town:	
Voivodeship/ Region:	
Country:	
<b>Personal bank account No:</b>	
Full name of account holder:	
Account no. (including IBAN):	
Name and address of the bank:	
SWIFT/BIC code:	

**Declaration concerning tax**

I hereby declare that I am a resident of (*country name*) ..... and I declare all my income at the competent tax office in the area (*country name*) .....  
I am aware of the criminal and fiscal responsibility for providing false information, testifying untruthfulness or concealing the truth.

.....  
date and signature of the Expert