**Appendix 1 to the Regulations of co-operation between the Medical Research Agency and the external Experts**

**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* (hereinafter referred to as: the Database)**

|  |
| --- |
| 1. **PERSONAL DATA**
 |
| Name(s) and surname |  |
| Personal Identification Number (PESEL)[[1]](#footnote-2) |  |
| Residence address |  |
| Correspondence address[[2]](#footnote-3) |  |
| Tax ID no.[[3]](#footnote-4) |  |
| 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) |  |

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| 1. **EDUCATION**

**(if necessary, include more copies of the headings specified below)** |
| Name of completedhigher education establishment |  |
| Year of graduation from the higher education establishment |  |
| Major/ specialisation  |  |
| Obtained title/degree/typeof diploma |  |
| Professional licence number - if applicable |  |

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| 1. **SUPPLEMENTARY EDUCATION**

**(postgraduate studies, Ph.D. studies, etc.** **– if necessary, include more copies of the headings specified below)** |
| Name of the establishmentorganising education |  |
| Year of graduation |  |
| Major/ specialisation |  |
| Obtained title/degree/typeof diploma |  |

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| 1. **PROFESSIONAL EXPERIENCE**

**(if necessary, include more copies of the headings specified below)** |
| Employment period (from – to) |  |
| Place of work |  |
| Town / City |  |
| Position held |  |
| Scope of performedtasks and activities |  |

|  |
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| 1. **ADDITIONAL INFORMATION**
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|  |  |
| --- | --- |
| Experience in reviewing/assessment of clinical research Projects of medicinal products/medical devices |  |

|  |  |
| --- | --- |
| Other experience,qualifications, skills or practice justifying the application for inclusion in the Database with the indication of the field/aspect concerned (e.g. courses, training, academic achievements, publications, organisational operations, expert opinions etc.)  |  |

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

Town/city: ………………… date: …………………

……………………………………………………………

Legible signature of the Candidate for Expert

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 Medical Research Agency, at ul. Chmielna 69, 00-801 Warsaw.
2. The Controller has appointed a Data Protection Officer whom you can contact at iod@abm.gov.pl;
3. Your personal data shall be processed with the view to conducting a recruitment process for candidates for Experts of the Medical Research Agency.

If you are entered in the list of candidates for Experts, the processing of personal data may be carried out with the view to conducting cooperation with the MRA on the principles set out in these Regulations and in other regulations specified in the framework agreement for cooperation with an Expert or in the ordinances of the President of the MRA, in particular with the view to:

1. performing a substantive assessment of the Project Co-Financing Application, along with a detailed justification of the awarded score;
2. performing a substantive assessment of the Project Co-Financing Application following an appeal;
3. performing a substantive assessment of the Interim/Final Report;
4. performing a substantive assessment of amendments to the Project Co-Financing Application;
5. participating in remote Project inspections;
6. participating in person in on-site inspections at the premises of the Project owner(s);
7. making payments of remuneration for the assessments performed;
8. participating in meetings of the Application Evaluation Team;
9. performing other Orders;
10. reimbursing travel costs in accordance with § 18 (13) of the Act.
11. The processing of personal data is performed in compliance with Art. 6 (1) (b) and Art. 6 (1) (c) in relation with the Act as well as Art. 6 (1) (e) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (the GDPR).
12. Your personal data shall be stored by the Controller for the period necessary to achieve the above-mentioned purposes, i.e. until the end of the recruitment process for candidates for Experts of the Medical Research Agency, and if you are entered in the list of candidates for Experts, the personal data may be stored for the period of:
13. co-operation with the Expert and for 3 years from the notification of the deletion of the Expert from the Database;
14. fulfilment of obligations arising from the legal provisions and related to cooperation, in particular from the Accounting Act;
15. conducting settlements under sections 1 and 2;
16. as set forth in the Office Instruction and Subject File Index.
17. 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, record destruction) or entities providing mail services and entities cooperating with the MRA in the performance of tasks listed in paragraph 5.
18. Your personal data shall not be subject to automated decision-making, including profiling.
19. 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.
20. You have the right to object to the processing of data.
21. You have the right to lodge a complaint with the supervisory authority - the President of the Office for Personal Data Protection.
22. The provision of your data is voluntary, however it is necessary for conducting a recruitment procedure for candidates for Experts of the Medical Research Agency. If you are entered in the list of candidates for Experts, the data will be necessary for the cooperation with MRA and the payment of due remuneration or reimbursement of incurred costs.
23. 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 the candidate for Expert*

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

………………………………..

First and surname

DECLARATION OF A CANDIDATE FOR EXPERT OF THE MEDICAL RESEARCH AGENCY

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

1. I enjoy full civil rights;
2. I have full legal capacity;
3. I have not been convicted of an intentional crime or deliberate fiscal offence by a final judgement;
4. I hold:
5. at least higher education in the field of medical and health sciences and documented professional experience of at least 5 years in clinical trials; or
6. at least a Ph.D. degree in the field of medical and health sciences (or a higher degree/ title); or
7. at least higher education degree (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
8. 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 Declaration is true.

………………………….. ……………………….

Place and date Legible signature of the Candidate for Expert

1. To be completed by persons not conducting business activity. [↑](#footnote-ref-2)
2. Please complete if different from the residence address. [↑](#footnote-ref-3)
3. To be completed by persons conducting business activity. [↑](#footnote-ref-4)