**Registration of Students Scientific Clubs** 

**at the Pomeranian Medical University in Szczecin**

**for the academic year 2024/2025**

**Member Declaration**

**I, undersigned SSC chairman, declare joining the Student Scientific Society of Pomeranian Medical University in Szczecin . I have familiarized myself with the statute of the SSS PMU and I fully commit to respecting rules and regulations it includes.**

**First and last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due to my joining the Student Scientific Society (SSS membership) I agree to the processing of personal data provided in this document.**

**I declare I am aware of the following:**

1. The personal data provided in this document will be administered by the Student Scientific Society of Pomeranian Medical University in Szczecin.

2. My personal data will be processed only for SSS PMU internal purposes.

3. My personal data can only be shared with other objects for project implementation purposes, regarding projects which I am participating in.

4. Providing personal data is voluntary, however refusal to provide it is synonymous with being unable to join the SSS PMU.

5. I have access to my personal data and I am allowed to edit the provided information.

6. I consent to informing me about SSS matters with the use of the email address and mobile phone number provided in the member declaration.

7. Filled in and submitted member declaration will not be returned.

8. I have familiarized myself with the current statute of the SSS PUM.

***DATE,***

***Signature The Chairman***

| Name of SSC: |  |
| --- | --- |
| Faculty: |  |
| Name of the university department/institute/clinic: |  |
| The head of department/institute/clinic  (Titles, name and surname): |  |
| The address of university department/institute/clinic: |  |
| The SSC‘s supervisor  (Titles, name and surname, **E-mail adress**): |  |
| The Chairman  (Titles, name and surname): |  |
| The Vice-chairman  (Titles, name and surname): |  |

The list of SKN members:

| **Lp** | **First name** | **Last name** | **Faculty** | **Year of study** | **E-mail adress** |
| --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |

\*I declare that I have presented to the members the Statute of the Student Scientific Society of the Pomeranian Medical University in Szczecin. My SSC is fully committed to complying with the rules and regulations it includes.

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Signature of the chairman of the SKN

\*I consent to the activities of the Student Scientific Club and accept the above list of SSC members

…………….. ……………………………

Stamp and signature of The head Stamp and signature of the SSC‘s supervisor department/institute/clinic