

**APPLICATION FORM – POLISH COURSES (please fill in capital letters)**

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
SEX:      MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		FATHER'S NAME:	
CITIZENSHIP:		MOTHER'S NAME:	
PASSPORT NUMBER:	PASSPORT DATE OF ISSUE:	PASSPORT EXPIRY DATE:	
<b>EDUCATION</b>			
Secondary (name of school)			
University degree (name of school, faculty)			
<b>PERMANENT ADDRESS</b>			
COUNTRY:		CITY/TOWN:	
STREET:		HOUSE NUMBER:	POSTAL CODE:
E-MAIL ADDRESS:		TELEPHONE/FAX NUMBER	
SPOKEN LANGUAGES:			
<b>I WOULD LIKE TO TAKE PART IN:</b>			
One-year course 2025/2026 – 30 hours per week (October 1, 2025 – June 30, 2026)			<input type="checkbox"/>
Autumn semester course – 4 hours per week (October 1, 2025 – January 31, 2026)			<input type="checkbox"/>
Spring semester course – 4 hours per week (March 1, 2026 – June 30, 2026)			<input type="checkbox"/>
<b>I CONSIDER MY LEVEL OF POLISH TO BE</b>			
BEGINNER <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>		ADVANCED <input type="checkbox"/>
<b>CANDIDATE STATEMENTS:</b>			
<p><b>I declare that I agree to the processing of my personal data for the purpose and in the scope necessary to participate in the recruitment process for courses and trainings organised by Nicolaus Copernicus University in Toruń. Giving consent is optional, but lack of consent means that I cannot participate in the recruitment process for courses and trainings organised by Nicolaus Copernicus University in Toruń.</b></p> <p><b>Permission may be withdrawn at any time, but this does not affect the lawfulness of processing carried out on the basis of consent before its withdrawal.</b></p>			
<p><b>I understand the rules of participation in the course. There are no medical precautions to my participation.</b></p>			
DATE:		SIGNATURE:	