



REGISTRATION FORM FOR PARTICIPATION IN THE PROJECT "Your Second Home!" no. FEWM.09.03-IZ.00-0065/23

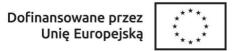
Implemented under the European Funds for Warmia and Mazury 2021-2027 program Priority 9: Inclusion and Integration EFS+

Action 9.3: Integration of third-country nationals in the local environment

ATTENTION! Before starting to fill out the registration form, please read the Recruitment and Project Regulations for "Your Second Home!". The form should be completed legibly/in block letters (all white fields). Only completely and correctly filled forms will be accepted.

	I. PERSONAL DATA OF	THE CANDID	DATE		
First Name(s)					
Last Name					
Citizenship					
PESEL or other identifier in case of no PESEL number					
Date of Birth					
Gender	□ Female		□ Male		
EDUCATION					
Education (Please select ONLY the HIGHEST completed level of education):	 Lower than primary (ISCED 0) (No formal education) Primary (ISCED 1) (Education completed at the primary school level) Junior secondary (ISCED 2) (Education completed at the junior secondary school level) Post-secondary (ISCED 3) (Education completed at the high school or vocational school level) Post-secondary non-tertiary (ISCED 4) (Education completed at a level higher than secondary school, but not a higher education degree) Higher education (ISCED 5-8) (Education completed at the level of bachelor's, master's, or doctoral studies) 				
RESIDENCE ADDRESS					
Address of residence	Voivodeship District Municipality				
(according to the Civil Code provisions ¹)	Postal code, town/city				
	Street, building number / apartment number				
CONTACT DETAILS					
Contact phone number					
Email address					







¹ According to Article 25 of the Civil Code, the place of residence of a natural person is the town or city where the person resides with the intention of permanent stay.

II. ACCESS CRITERIA I DECLARE THAT: (Please mark "X" in the appropriate box)				
1.	I am a citizen of a third-country* who does not hold citizenship of any EU country, Norway, Iceland, Liechtenstein, or Switzerland. * This includes individuals who are not citizens of an EU member state, or countries such as Norway, Iceland, Liechtenstein, and Switzerland, including stateless persons under the 1954 Convention relating to the Status of Stateless Persons and persons with no established nationality.	□ YES	□ NO	
2.	I am a person legally residing in Poland *Such a person is required to provide documents authorizing their stay and work, such as visas, residence cards (temporary, permanent, or long-term EU resident), Diia.pl, a document confirming protection status + passport, or any other document confirming nationality.	□ YES	□ №	
3.	I am a person residing/working/studying* in the Warmian-Masurian Voivodeship according to the Civil Code. *To confirm residence in the Warmian-Masurian Voivodeship, a residence statement must be provided. *To confirm working status, a certificate from the employer or a copy of the employment contract, contract of mandate, etc., must be provided. *To confirm studying status, a certificate from the school/learning institution must be provided.	□ YES	□ NO	
4.	I am a person aged 18 or older*. *Verification based on the Candidate's identity document.	☐ YES	□ NO	
5.	I am a person who does not participate in or receive support from any other project co-financed by the EFS+ funds at the same time.	☐ YES	□ NO	
III. ELIGIBILITY CRITERIA I DECLARE THAT: (Please mark "X" in the appropriate box)				
1.	I am a person who, after the aggression of the Russian Federation against Ukraine, was granted temporary protection* in Poland. *Such a person is required to provide documents authorizing their stay and work, such as visas, residence cards (temporary, permanent, or long-term EU resident), Diia.pl, a document confirming protection status + passport, or any other document confirming nationality.	□ YES	□ NO	
2.	I am a person who has been residing in Poland for a maximum of one year. *Such a person is required to provide documents authorizing their stay and work, such as visas, residence cards (temporary, permanent, or long-term EU resident), Diia.pl, a document confirming protection status + passport, or any other document confirming nationality.	□ YES	□ NO	
3.	I am a person with a disability*, i.e., a person who holds a certificate of the degree of disability according to the Act of August 27, 1997, on health and social rehabilitation and employment of	☐ YES	□ NO	



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	disabled persons or a certificate or other document referred to in the Act of August 19, 1994, on mental health protection. * A person with a disability is required to submit along with the application form a disability certificate or another document confirming this fact.		REFUSAL T	VIDE
	IV. DATA ON PARTICIPANTS OF PROJECTS CO-FINANCE (European Social Fund Plus Monitoring System) I DECLARE THAT: (please mark "X" in the appropri	1)		
	LABOR MARKET STATUS			
1.	I am employed*. *Such a person is required to provide a certificate of employment from the employer or a copy of the employment contract, copy of the mandate contract, etc.		YES	NO
2.	I am unemployed and registered with the Employment Office*. *Such a person is required to provide a certificate from the Employment Office confirming the unemployed status.		YES	NO
3.	I am unemployed and not registered with the Employment Office*, i.e., a person who is not working, is ready to work, and is actively seeking employment*. *Such a person is required to provide a certificate from the Social Insurance Institution (ZUS) stating that no pension or disability contributions are being paid.		YES	NO
4.	I am economically inactive*, i.e., a person who is not part of the labor force at the moment (not employed or unemployed). Persons who are considered economically inactive include: - Full-time students who have not taken up employment - Children and youth up to 18 years old attending school PhD students who are not employed at a university, other institution, or company * Such a person is required to provide a certificate from the Social Insurance Institution (ZUS) stating that no pension or disability contributions are being paid.		YES	NO
	OTHER:			
5.	I belong to a national or ethnic minority or a marginalized community*.		YES	NO
	*According to national law, national minorities include Belarusian, Czech, Lithuanian, German, Armenian, Russian, Slovak, Ukrainian, and Jewish minorities. Ethnic minorities include Karaim, Lemko, Romani, and Tatar minorities.	☐ REFUSAL TO PROVIDE INFORMATION		
6.	I am a person experiencing homelessness or excluded from access to housing*. *A person experiencing homelessness or excluded from housing access is defined according to the European Typology of Homelessness and Housing Exclusion (ETHOS) and the Polish Act on Social Assistance of March 12, 2004: 1) Without a roof over their head, including persons living in public spaces or temporarily accommodated; 2) Without a home, including persons accommodated in homeless shelters, women's shelters, shelters for immigrants, persons leaving penitentiary/medical institutions, persons receiving long-term support due to homelessness (specialized supported housing); 3) Insecure accommodation, including persons staying temporarily with family/friends, i.e., persons staying in conventional housing conditions but without permanent residence due to lack of housing, illegal renters, persons threatened with eviction, persons threatened by violence;		YES	NO



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	4) Inadequate housing conditions, including persons living in temporary/unstable structures, substandard housing – premises unfit for habitation according to national standards, overcrowded conditions; 5) Persons not residing in residential premises according to tenancy law or not registered for permanent residence, and persons not residing in residential premises with no possibility of living.				
7.	I am a person in another disadvantaged social situation* (other than those mentioned above). *This includes persons experiencing poverty, social exclusion, or discrimination in various forms or those at risk of such phenomena.	□ YES	□ NO		
V. LIST OF ATTACHMENTS SUBMITTED WITH THE REGISTRATION FORM					
Atta	chment No. 1 to the Registration Form – Questionnaire for Persons with	Disabilities.			
Place and date Legible signature of the Candidate					
Date of receipt of the Registration Form:					
Registration Form Number:					
ç	Signature of the person receiving the Registration Form:				









VI. OTHER DECLARATIONS.

I, the undersigned:

- Declare that the information contained in the Registration Questionnaire is accurate and true;
- Declare that I have been informed about the legal consequences under the Civil Code for providing false declarations
- Declare that I have read the Recruitment and Project Regulations for the project titled "Your Second Home!" No. FEWM.09.03-IZ.00-0065/23 and accept its provisions;
- Declare that I meet all the eligibility criteria for participation in the above-mentioned project and, in accordance with the requirements of the Recruitment and Project Regulations for "Your Second Home!" No. FEWM.09.03-IZ.00-0065/23, I am eligible to participate in it;
- Declare that I have been informed that the Project is co-financed by the European Union European Social Fund Plus under the European Funds for Warmia and Mazury 2021-2027 Program;
- Consent to receive information by telephone and/or electronic mail (email);
- Consent to participate in activities within the "Your Second Home!" project on non-working days, i.e., Saturdays and Sundays, excluding public holidays;
- Have been informed of the possibility to refuse to provide sensitive data, such as racial, ethnic, or health-related data, etc.;
- Declare that I have been informed that the Project will be implemented with respect for the principle of gender equality, non-discrimination (including accessibility for people with disabilities), the EU Charter of Fundamental Rights, the Convention on the Rights of Persons with Disabilities, and the principles of sustainable development;
- Consent to participate in the monitoring and evaluation process of the Project, including filling out surveys, documents, and tests;
- Declare that I have been informed of the obligation to provide information about my situation after completing participation in the Project, within four weeks after the end of participation, including:
 - Enrollment in further education or training after leaving the program (certificate of enrollment in education/training),
 - Qualifications obtained after leaving the program (certificates, diplomas, attestations, or other documents confirming the acquisition of competencies/qualifications),
 - Employment or self-employment after leaving the program (employment certificate/copies of contracts;
 registration in CEIDG, proof of social insurance contributions and/or certificate from ZUS/Tax Office),
 - Improvement in social situation after leaving the program (e.g., certificates/diplomas/expert opinions confirming, for example, starting education, enhanced motivation, increased self-confidence, taking part in voluntary work);
 - Consent to the processing of my personal data for the recruitment purposes of the "Your Second Home!" project, in accordance with the Personal Data Protection Act of May 10, 2018 (Journal of Laws 2019, item 1781) and the European Parliament and Council Regulation (EU) 2016/679 of April 27, 2016, on the protection of individuals regarding the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation "GDPR"), and that my personal data will be processed solely for the purposes of the "Your Second Home!" project;
 - Express my willingness to voluntarily participate in the "Your Second Home!" project No. FEWM.09.03-IZ.00-0065/23;.
 - Declare that I have been informed that completing the Registration Questionnaire does not automatically qualify me for the Project.

Place and date	Legible signature of the Candidate









VII. INFORMATION CLAUSE

In accordance with Article 13(1) and (2) of the Regulation (EU) 2016/679 of the European Parliament and Council of April 27, 2016, on the protection of individuals 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), we inform you that:

- The Administrator of your personal data is:
 - HN PARTNERS Kamil Hałaczkiewicz Adrian Nowak Civil Partnership, with its registered office in Łódź, at Targowa 27, 90-043 Łódź, with NIP: 7272796011, REGON: 361571622 – Beneficiary (Project Leader).
- In matters related to personal data protection, you can contact:
 - HN PARTNERS Kamil Hałaczkiewicz Adrian Nowak Spółka Cywilna at the email address: biuro@hnpartners.pl
- Personal data is processed based on the consent granted.
- Your personal data will be processed for recruitment purposes and will only be processed based on previously granted consent, within the scope and purpose specified in the consent statement.
- The legal basis for the processing of data is Article 6(1)(a) of the aforementioned Regulation. Your personal data will be stored for a period of five years from December 31 of the year in which the last payment of the funding was made under the project for which the recruitment concerning your person is being carried out.
- Recipients of your data will be entities that, under the terms of contracts, process personal data on behalf of the Administrator.
- Providing personal data to the Administrator is voluntary.
- You have the right to withdraw your consent at any time. The withdrawal of consent does not affect the legality of processing based on consent before its withdrawal.
- The person whose data is being processed has the right to:
 - Access their data, as well as the right to rectify, amend, restrict, or object to the processing of the data, and in cases provided by law, the right to erasure of data and the right to lodge a complaint with the supervisory authority in case of data processing in violation of the provisions of the aforementioned Regulation, i.e., the President of the Personal Data Protection Office, Stawki 2, 00-193 Warsaw.

Place and date	Legible signature of the Candidate