**CONSENT TO DATA PROCESSING**

I, the undersigned (name) ………………………………..…………………………………………….…………………………..………

Place and date of birth ………………………………………………………………..………………………………………….………….

Mother’s maiden (birth) name: ……………………………………………………………..…………………………………………….

Applicant’s address: ……………………………………………………………………………………….………………………………………

Having read the information note on data management provided to me by Semmelweis University as the data controller, published at https://semmelweis.hu/aok/a-karrol/dokumentumtar/, on 5/2022, ......, 2022, on the processing of **applications for the position of teacher assistant at the Faculty of Medicine of Semmelweis University**, I hereby declare that I have read and understood the provisions of Regulation 2016/679 of the European Parliament and of the Council (GDPR) 4. I hereby give my voluntary, specific and duly informed consent pursuant to Article 6(1)(a) of the GDPR to the processing of my personal data pursuant to Article 6(1)(a) of the GDPR and to the processing of my personal data pursuant to Article 9(2)(a) of the GDPR for the purposes and on the basis of the lawfulness of the processing, as set out in this notice, by the controller.

2023. ………..

……………………………………….

signature