Annex No 1

DOLNOŚLĄSKA FUNDACJA ROZWOJU OCHRONY ZDROWIA "DOLFROZ"
ul. Lotnicza 37
54-154 Wrocław

Kamil Duszenko Award Application Form

Personal information	
NAMES (first, middle)	
LAST NAME	
ADDRESS OF RESIDENCE	
POSTAL ADDRESS	
CONTACT PHONE	
E-MAIL ADDRESS	
PAPER TITLE/SCOPE OF RESEARCH	
FORM OF THE PAPER OR RESEARCH SUBMITTED (paper/PDF/WWW site address)	
BANK ACCOUNT NUMBER	

The Lower Silesia Healthcare Foundation "DOLFROZ" (Dolnośląska Fundacja Rozwoju Ochrony Zdrowia "DOLFROZ"), seated in Wrocław, ul. Lotnicza 37, 54-154 Wrocław, Poland, is the administrator of the personal data of the participants of the competition.

I hereby declare that I [1]**give/do not give* consent to the Lower Silesia Healthcare Foundation "DOLFROZ" (Dolnośląska Fundacja Rozwoju Ochrony Zdrowia "DOLFROZ") for the processing, using and publishing of my personal data submitted in the above form for the purposes connected to the operation of the Foundation, as well as to awarding and promoting the Kamil Duszenko Award. I am entitled to access to the data and to the correction thereof.

I hereby declare that I **give/do not give* consent for the free use of my image in any mass media exclusively for the purposes connected with the operation of the Foundation and the awarding of the Kamil Duszenko Award. The consent covers in particular the use of photos and film materials with the image of the Award applicants, the publication, storage, processing and multiplication thereof for information and promotional purposes in all available media (the press, radio, TV and Internet).

I hereby declare that I have read the Regulations of the Kamil Duszenko Award and accept the full contents thereof, with particular consideration for the laureate's obligations to perform actions as referred to in §5.1 of the Regulations, i.e. to deliver a guest lectures in the Institute of Haematology and Transfusion Medicine in Warsaw and at the scientific congress organised by Polish Society of Haematologists and Transfusion Medicine Specialists.

_____
The signature of the applicant

To this application form I attach [2]†*a copy of an article on paper/as a PDF file/as the Internet site address*_____ where my scientific paper or

[1]* Delete as appropriate. Refusal to consent is equivalent to the loss of possibility to apply for the Kamil Duszenko Award.

[2]† Delete as appropriate.

research have been published.