**Application for admission (application form) to an intensive Slovak language course at the Inclusive Language Centre at the Leisure Centre at Hlinícka 3 (Arranged by the Inklucentrum)**

pursuant to Section 144a(2e) and Section 146(6) of the School Act and the Catalogue of Support Measures

**Name and surname of the child:** ...........................................................................................................................

**Child's date of birth:** ..............................................................................................................................................

**Child's place of residence in the Slovak Republic**

**Street and number:**.................................................................................................................................................

**City:** ....................................................................................... **Postcode:** ................................................................

**Child's native language:** .......................................................................................................................................

**Name, surname of the legal representative 1:** .....................................................................................................

**Address of residence in the Slovak Republic**: ........................................................................................................

**Phone number:** ................................ **Contact email address:** ..............................................................................

**Name, surname of the legal representative 2:** .....................................................................................................

**Address of residence in the Slovak Republic**: ........................................................................................................

**Phone number:** ................................ **Contact email address:** ..............................................................................

**Child's health insurance company[[1]](#footnote-1)**: ......................................................................................................................

**For my child, please note the following:** ..............................................................................................................

..................................................................................................................................................................................

(illnesses, allergies, behavioural disorders, past illnesses, medication, diet, etc....)

**Declaration of the child's legal representative(s):**

Pursuant to Act No.245/2008 Z.z., on Education and Upbringing (School Act) and on Amendments of Certain Acts and pursuant to Decree No. 22/2022 Z.z.., on School Educational Facilities, I hereby declare,

- that I have familiarised myself with the risks with which the child may come into contact (transport by bus, movement in traffic, insect bites, slips and injuries during physical activities, loss of personal belongings)

- that I understand that during the stay at the Leisure Centre, the child is obliged to follow the school rules of the Leisure Centre and the school rules of the primary school in which he/she is enrolled. The child may not leave the premises in which the lessons are being held arbitrarily. In the event that a child causes damage by his/her irresponsible behaviour, this will be quantified and given to the parents for reimbursement and the child will not use the mobile phone during the day unless the teacher allows the child to use it.

By my signature I certify the accuracy and truthfulness of the information provided on this application form. The personal data provided in this application form are collected and processed in accordance with Section 11(6) of Act No. 245/2008 Z.z. on Education and Upbringing (School Act) and on Amendments and Additions to Certain Acts, as amended, and Decree No. 22/2022 Z.z. on School Educational Facilities for the Purposes of Education and Upbringing and Activities outside School Hours**[[2]](#footnote-2)**.

In Bratislava, on ............................................. ...........................................................

Signature of the legal representative

**Consent to the processing of the child's personal data**

**the applicant(s), as data subject(s)**

**Legal representative 1**

Name, surname: ..................................................................................................................................................................

Address: ..................................................................................................................................................................................

Tel.contact:...................................................... email:..............................................................................................................

acknowledges that the *Centrum voľného času* *(Leisure Centre), Gessayova 6, 851 03 Bratislava,* as the controller processes personal data on the basis of special regulations: Act No. 596/2003 Z.z. on State Administration in Education and School Self-government as amended, Act No. 245/2008 Z.z. on Education and Upbringing (School Act) as amended, Decree of the Ministry of Education of the Slovak Republic No. 22/2022 Z.z. on School Educational Facilities, for the purpose of registration of pupils. Processing is carried out in accordance with Regulation No. 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and Act No. 18/2018 Z.z. on the Protection of Personal Data and on Amendments and Additions to Certain Acts. Personal data is only provided to public authorities in the case of the performance of duties in cases provided for by law. Transfer to third countries is not carried out. The personal data shall be retained for the period specified in the registry plan of the controller maintained pursuant to a special act. The data subject(s) may exercise the right of access to personal data, the right to rectification and erasure of personal data, the right to data portability, the right to lodge a complaint with the Data Protection Authority. Further information regarding the processing and protection of personal data is included in the internal regulations of the Leisure Centre. *Inklucentrum – Centre for Inclusive Education, Hattalova 13, 831 03, Bratislava*, processes data pursuant to Section 11 of Act No. 122/2013 Z.z., the Personal Data Protection Act. Providing personal data is a legal obligation. Failure to provide personal data results in refusal to process the application.

I hereby give my consent to the processing of my personal data in the scope of name surname, date of birth, address of the legal representative, telephone number, e-mail, child's medical data, photographs and videos for the purpose of organization of the intensive language course, project documentation, for the period necessary to achieve the purpose of the processing.

In Bratislava on .................... ............................................................

Signature of the legal representative

I agree to the publication of photographs of the teaching activity on [www.centrumvolnehocasu.eu](http://www.centrumvolnehocasu.eu) and on [www.inklucentrum.sk](http://www.inklucentrum.sk) Facebook, Instagram and in the presentation of the project in the media or for donor organisations.

Consent may be withdrawn at any time by sending a request to the address of the controller's registered office or by e-mail to: tajomnicka.cvcba.gessayova@gmail.com, *Centrum voľného času* *(Leisure Centre), Gessayova 6, 851 03 Bratislava* and [skola@inklucentrum.sk](mailto:skola@inklucentrum.sk), *Inklucentrum – Centrum inkluzívneho vzdelávania (Centre of Inclusive Education), Hattalova 12, 831 03, Bratislava*. As the data subject, I declare that I am aware of my rights under Articles 15 to 22 of Regulation No. 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and Sections 21 to 28 of Act No. 18/2018 Z.z. on the Protection of Personal Data and on Amendments and Modifications to Certain Acts, and that I have been provided with all the information pursuant to Article 13 of Regulation 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and Section 19 of Act No.18/2018 Z.z. on the Protection of Personal Data and on Amendments and Additions to Certain Acts. The information referred to in the preceding sentence forms an integral part of this consent. *At the same time, I declare that the personal data provided are true and were provided freely.*

In Bratislava on .................... .......................................................

Signature of the legal representative

1. Certificate of granting/extension of tolerated stay in the territory of the Slovak Republic can replace health insurance [↑](#footnote-ref-1)
2. The application form shall be signed by both legal representatives. If the child has only one legal representative or for objective reasons it is not possible to obtain the signature of the other legal representative, the second signature should be crossed out. [↑](#footnote-ref-2)