

**Student's application for registration in the Evidence of students with specific needs at
the University of Veterinary Medicine and Pharmacy in Košice
and Consent to assessment of specific needs of the student**

*in line with the Article 100 of the Act No. 131/2002 Coll. on Higher education and on amendment and
supplementation of certain acts,, as amended (hereinafter "the Act")*

Surname, name, title of the student:

Date of birth:

Permanent address:

Phone number:

E-mail:

Study programme:

Type of disadvantage¹:

- a) sensory disability, physical disability, multiple disability
- b) chronic disease
- c) health impairment
- d) mental illness
- e) autism or other pervasive developmental disorder
- f) learning disabilities (dyslexia, dysgraphia, dysortography, etc.)

For the purpose of assessment of specific needs in the Annex to this application:

- a) a medical certificate not older than three months (medical finding, disease and disability progress report or medical certificate or other medical report);
- b) the standpoint of a psychologist, a speech therapist, a school psychologist, a school speech therapist or a special pedagogue.

In connection with the above-mentioned type of disadvantage, I am applying for registration in the Evidence of students with specific needs.

I declare that all of the information I have given is true and that I have not concealed any serious facts.

¹ Relevant disadvantages to be indicated by underlining

In accordance with the Article 11 of the Act no. 122/2013 Coll. on the Protection of Personal Data and on amendment and supplementation of certain acts, I give consent with my signature to the UVMP in Košice to process my personal data for the purpose of assessment of my specific needs and the scope of support services throughout the period of being listed in the Evidence of students with specific needs and being provided with support services under the Article 100 paragraph 4 of the Act. This consent applies to the personal data specified in this application and its annexes, which the UVMP in Košice is entitled to require under the Article 100 paragraph 3 of the Act. I note that I can only withdraw this consent with justification in writing if there are serious reasons. At the same time, I note that the data may be processed only by authorized persons who are obliged to comply with the provisions of Act no. 122/2013 Coll. on the Protection of Personal Data and on amendments of certain acts, and the processed data will be archived and disposed of in accordance with the applicable legal regulations of the Slovak Republic.

I agree with the assessment of my specific needs in order to determine the scope of support services.

Date:

Signature of the student