**Appendix 1 to the Regulations of co-operation between the Medical Research Agency and the external Experts**

**The Application for entry in the Database of Experts of the Medical Research Agency**

**I, the undersigned, hereby apply to be included in the *Database of Experts* (hereinafter referred to as: the Database)**

|  |  |  |
| --- | --- | --- |
| 1. **PERSONAL DATA** | | |
| Name(s) and surname | |  |
| Personal Identification Number (PESEL) | |  |
| Residence address | |  |
| Correspondence address[[1]](#footnote-2) | |  |
| Tax ID no.[[2]](#footnote-3) | |  |
| Contact phone no. |  |
| E-mail |  |
| Current workplace  (in the case of being employed in more than one place of work, please list all such places) |  |

|  |  |
| --- | --- |
| 1. **EDUCATION**   **(if necessary, include more copies of the headings specified below)** | |
| Name of completed  higher education establishment |  |
| Year of graduation from the higher education establishment |  |
| Major/ specialisation |  |
| Obtained title/degree/type  of diploma |  |
| Professional licence number - if applicable |  |

|  |  |
| --- | --- |
| 1. **SUPPLEMENTARY EDUCATION**   **(postgraduate studies, Ph.D. studies, etc.**  **– if necessary, include more copies of the headings specified below)** | |
| Name of the establishment  organising education |  |
| Year of graduation |  |
| Major/ specialisation |  |
| Obtained title/degree/type  of diploma |  |

|  |  |
| --- | --- |
| 1. **PROFESSIONAL EXPERIENCE**   **(if necessary, include more copies of the headings specified below)** | |
| Employment period (from – to) |  |
| Place of work |  |
| Town / City |  |
| Position held |  |
| Scope of performed  tasks and activities |  |

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| --- |
| 1. **ADDITIONAL INFORMATION** |

|  |  |
| --- | --- |
| Experience  in reviewing/assessment of clinical research Projects of medicinal products/medical devices |  |

|  |  |
| --- | --- |
| Other experience,  qualifications, skills or practice justifying the application for inclusion in the Database with the indication of the field/aspect concerned (e.g. courses, training, academic achievements, publications, organisational operations, expert opinions etc.) |  |
| Key words of the Expert regarding his/her skills and experience (in Polish) |  |
| Key words of the Expert regarding his/her skills and experience (in English) |  |
| Key words of the Expert regarding his/her skills and experience (using MESH dictionary) (in Polish, optional) |  |
| Key words of the Expert regarding his/her skills and experience (using MESH dictionary) (in English, optional) |  |

I hereby confirm the authenticity of the data contained in the form by my handwritten signature

date: …………………

……………………………………

First name and surname of the person applying for Expert status

……………………………………………………………

Legible signature of the person applying for Expert status

In compliance with Art. 13 of the Regulation (EU) No 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons 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) (OJ of the EU No. L. 119 of 2016) we hereby inform that:

1. The Controller of your personal data is the Medical Research Agency (MRA), at ul. Chmielna 69, 00-801 Warsaw.
2. The Controller has appointed a Data Protection Officer whom you can contact at [iod@abm.gov.pl](mailto:iod@abm.gov.pl);
3. The processing of personal data is performed in compliance with Art. 6 (1) (b) of the GDPR, Article 6 (1) (c) of the GDPR, as well as Art. 14 (lzj) in connection with Art. 14 (lzm) of the Act of 6 December 2006 on the principles of development policy and Article 6 (1) (e) of the GDPR.
4. Your personal data shall be processed with the view to conducting a recruitment process for Experts of the Medical Research Agency and obtaining entry into the MRA Expert database.

If you are entered in the list of Experts, the processing of personal data may be carried out with the view to conducting cooperation with the MRA on the principles set out in these Regulations and in other regulations specified in the framework agreement for cooperation with an Expert or in the ordinances of the President of the MRA, in particular with the view to:

1. performing a substantive assessment of the application for the implementation and funding of a project within the meaning of Article 3 (8) of the Act of 21 February 2019 on the Medical Research Agency (the Project) or an application for the implementation and funding of projects financed from the national recovery and resilience plan (RRP) funds), along with a detailed justification of the awarded score;
2. performing a substantive assessment of the implementation and co-financing of the Project or the Application for the implementation and co-financing of the projects financed from the RRP funds, following an appeal as referred to in Art. 19 (8) of the Act of 21 February 2019 on the Medical Research Agency or an application for re-evaluation of the Project (in the case of projects financed from the RRP funds);
3. performing a substantive assessment of the Partial/Interim/Final Report or Reporting Form (in the case of projects financed from the RRP funds) submitted by the entities that received funding within the calls organised by the MRA (in the case of projects financed from the RRP funds – the Final Recipient of Support);
4. performing a substantive assessment of amendments to the Project Co-Financing Application or the application for the implementation and co-financing of projects financed by the RRP funds;
5. participating in remote Project inspections, including RRP;
6. participating in person in on-site inspections at the premises of the Project owner(s), including RRP;
7. making payments of remuneration for the assessments performed;
8. participating in meetings of the Application Evaluation Team;
9. verification of the declarations submitted by the Experts;
10. verification of the Experts appointed to the Application Evaluation Team, including the declarations submitted by them via the Arachne System and the Scanner Application in the case of calls financed from the RRP funds. Arachne system is an ICT system operated by the European Commission which, by applying calculation algorithms, calculates the risk of irregularities in the context of the prevention of corruption, fraud, conflict of interest and double funding. Scanner application is an application linked to the CST2021 system (an ICT system created and maintained by the minister responsible for regional development to handle, in particular, reforms, investments and RRP projects) and other data sources (e.g. KRS, CEiDG, CRBR) which enables the retrieval from individual sources of data such as: identification data, information on related entities and persons, list of beneficial owners, PKD codes, information on implemented projects, information on orders;
11. performing other Orders;
12. reimbursing travel costs in accordance with § 18 (13) of the Act of 21 February 2019 on the Medical Research Agency.
13. Your personal data shall be stored by the Controller for the period necessary to achieve the above-mentioned purposes, i.e. until the end of the recruitment process for Experts of the MRA, and if you are entered in the list of Experts, the personal data may be stored for the period of:
14. co-operation with the Expert and for 3 years from the notification of the deletion of the Expert from the Database;
15. fulfilment of obligations arising from the legal provisions and related to cooperation, in particular from the Accounting Act;
16. conducting settlements under sections 1 and 2;
17. as set forth in the Office Instruction and Subject File Index.

6. Should your data be processed in connection with your assessment of the merits of the applications submitted as part of obtaining funding from the RRP, your data will be processed for the period of execution of the agreement concluded by the Controller in connection with the tasks entrusted under the development plan investments that are the subject of the agreement and for a period of five years after the execution of the agreement, in accordance with Art. 132 of Regulation No. 2018/10461, the provisions of the Act of 17 February 2005 on the computerisation of the activities of entities performing public tasks and the Act of 14 July 1983 on the national archival resource and archives. Where the amount of funding does not exceed EUR 60,000, the period of data processing after the implementation of the agreement is three years. All reports generated from the Arachne System and the Scanner Application (in the case of projects financed from the RP funds) and the notes made will be kept as part of the documentation of the funded project in accordance with the applicable laws and internal regulations.

7. Your personal data may be made available only to entities entitled to obtain personal data on the basis of legal provisions, including the Minister of Health, entities which operate the Controller's ICT systems, including the system referred to in Art. 21 of the Act of 21 February 2019 on the Medical Research Agency, and provide ICT tools (e.g. hosting services, cloud services) or record destruction services, or entities providing mail services and entities cooperating with the MRA in the performance of tasks listed in paragraph 4; as well as the minister responsible for regional development, who establishes and maintains the CST2021 system and the Scanner Application, and the European Commission, which operates the Arachne System (in the case of projects financed from the RRP funds).8. Your personal data shall not be subject to automated decision-making, including profiling.

9. You have the right to demand from the Controller the access to personal data, the right to rectify them, erase them or limit their processing and the right to data portability.

10. You have the right to object to the processing of data.

11. You have the right to lodge a complaint with the supervisory authority - the President of the Office for Personal Data Protection.

12. The provision of your data is voluntary, however it is necessary for conducting a recruitment procedure for Experts of the MRA and obtaining entry into the MRA Expert database. If you are entered in the list of Experts, the data will be necessary for the cooperation with MRA and the payment of due remuneration or reimbursement of incurred costs.

13.Your personal data will not be provided to a third country / international organisation, unless the Controller is required to do so by law.

*………………………………………………………………………………..….*

*Legible signature of the person applying for Expert status*

………………………………………………………………………………..….

*Data, signature of the person applying for Expert status*

**Appendix 2 to the Regulations of co-operation between the Medical Research Agency and the external Experts**

………………………………..

First name and surname

DECLARATION OF THE PERSON APPLYING FOR EXPERT STATUS OF THE MEDICAL RESEARCH AGENCY

I, the undersigned, …………………………………… (first name and surname) hereby declare that:

1. I enjoy full civil rights;
2. I have full legal capacity;
3. I have not been convicted of an intentional crime or deliberate fiscal offence by a final judgement;
4. I hold:
5. at least higher education in the field of medical and health sciences and documented professional experience of at least 5 years in clinical trials; or
6. at least a Ph.D. degree in the field of medical and health sciences (or a higher degree/ title); or
7. at least higher education degree (at least the M.A., or M.Sc. degree, or equivalent) in the field of science and natural sciences or engineering and technical sciences or social sciences, in particular in the field of economy and finance and juridical sciences; and
8. at least 5 years of documented professional experience in the area of research, economy or finance.

Furthermore, I undertake to inform the Agency of changes and circumstances affecting the fulfilment of the criteria set out in the call for Experts. I hereby confirm that I have become acquainted with the Regulations of Co-operation between the Medical Research Agency and the external Experts, I accept their provisions and I shall comply with them.

I hereby represent that the information contained in this Declaration is true.

………….………………………………………………….……………………

*Legible signature of the person applying for Expert status*

…………………………………………………….....................................

*Data, signature of the person applying for Expert status*

1. Please complete if different from the residence address. [↑](#footnote-ref-2)
2. To be completed by persons conducting business activity. [↑](#footnote-ref-3)