



WYŻSZA SZKOŁA SPOŁECZNO – PRZYRODNICZA

im. Wincentego Pola W LUBLINIE

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APPLICATION FORM FOR A MEDICAL ENGLISH FOR NURSING

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>
PARENTS' NAMES	<i>father's name</i> <input type="text"/>	<i>mother's name</i> <input type="text"/>	
COUNTRY OF ORIGIN	<input type="text"/>	CITIZENSHIP	<input type="text"/>
PASSPORT NUMBER	<input type="text"/>		
ADDRESS OF PERMANENT RESIDENCE	<i>street, building number, flat number</i> <input type="text"/>		
<i>postal code</i>	<i>city</i> <input type="text"/>	<i>region</i> <input type="text"/>	
CONTACT DETAILS:	<i>phone number</i> <input type="text"/>	<i>e-mail</i> <input type="text"/>	

YOUR LEVEL OF MEDICAL ENGLISH FOR NURSING

(x- please tick as appropriate):

PRE-INTERMEDIATE (A2)

INTERMEDIATE (B1 – B2)

„I agree to the processing of personal data provided in this document for the needs of the University pursuant to the Personal Data Protection Act of 28 August 1997 (Journal of Laws 2016, item 922) and in agreement with Regulation (EU) 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)”.

..... Date and signature

I confirm this information is accurate under the penalties of perjury (pursuant to article 233, 272 and 297 of Penal Code)

..... Date and signature