

9. Międzynarodowy Turniej Kameralny w trzech odsłonach
9th International Chamber Music Competition

APPLICATION FORM

Fill in by using BLOCK CAPITALS only

AUDITION GROUP (A / B / C):

.....
NAME OF ENSEMBLE:

.....
NAME OF REPRESENTED SCHOOL / ACADEMY / UNIVERSITY:

.....
NAME OF TEACHER:

.....
ENSEMBLE MEMBERS:

1.
FULL NAME:

.....
INSTRUMENT:

.....
DATE OF BIRTH (day-month-year):

.....
CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

.....
SCHOOL / ACADEMY / UNIVERSITY:

.....
HOME ADDRESS:

.....
TELEPHONE NUMBER (with country code):

.....
E-MAIL ADDRESS:

2.
FULL NAME:

.....
INSTRUMENT:

.....
DATE OF BIRTH (day-month-year):

.....
CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

.....
SCHOOL / ACADEMY / UNIVERSITY:

.....
HOME ADDRESS:

.....
TELEPHONE NUMBER (with country code):

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E-MAIL ADDRESS:

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3.
FULL NAME:

.....
INSTRUMENT:

.....
DATE OF BIRTH (day-month-year):

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CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

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SCHOOL / ACADEMY / UNIVERSITY:

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HOME ADDRESS:

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TELEPHONE NUMBER (with country code):

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E-MAIL ADDRESS:

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4.
FULL NAME:

.....
INSTRUMENT:

.....
DATE OF BIRTH (day-month-year):

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CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

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SCHOOL / ACADEMY / UNIVERSITY:

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HOME ADDRESS:

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TELEPHONE NUMBER (with country code):

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E-MAIL ADDRESS:
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5.
FULL NAME:

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INSTRUMENT:
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DATE OF BIRTH (day-month-year):
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CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):
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SCHOOL / ACADEMY / UNIVERSITY:
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HOME ADDRESS:
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TELEPHONE NUMBER (with country code):
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E-MAIL ADDRESS:
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6.
FULL NAME:

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INSTRUMENT:
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DATE OF BIRTH (day-month-year):
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CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):
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SCHOOL / ACADEMY / UNIVERSITY:
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HOME ADDRESS:
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TELEPHONE NUMBER (with country code):
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E-MAIL ADDRESS:
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7.
FULL NAME:

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INSTRUMENT:

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DATE OF BIRTH (day-month-year):

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CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

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SCHOOL / ACADEMY / UNIVERSITY:

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HOME ADDRESS:

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TELEPHONE NUMBER (with country code):

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E-MAIL ADDRESS:

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8.
FULL NAME:

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INSTRUMENT:

.....
DATE OF BIRTH (day-month-year):

.....
CURRENT YEAR OF EDUCATION (1st / 2nd / 3rd etc):

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SCHOOL / ACADEMY / UNIVERSITY:

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HOME ADDRESS:

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TELEPHONE NUMBER (with country code):

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E-MAIL ADDRESS:

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RECITAL PIECES TO BE PERFORMED (title, name of composer, selected parts, duration)

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DATE OF SUBMISSION (day-month-year)

SIGNATURES (teacher and ensemble members)

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DATA PROCESSING AND PROTECTION CONSENT

I hereby agree that Fundacja KONSONANS may process my personal data included in the application form for the purposes of the Competition in accordance with the Regulation of the European Parliament and of the European Council (EU) 2016/679 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) (Official Journal of the European Union L 119 4 May 2016, as amended) and the Act of 10 May 2018 on data protection personal data (Journal of Laws 2018 item 1000).

I hereby acknowledge that provision of above personal data (in accordance with Article 22 of the amended Labour Code) is necessary to participate in the Competition and that I have the right to access the data, the right to rectify the data, the right to erase the data, the right to restrict the processing of the data, the right to data portability, the right to object against the use of the data, and the right to transfer the data, as well as the right to lodge a complaint with the supervisory authority (the Head of the Office for Personal Data Protection), if the data were processed contrary to legal requirements. I also acknowledge that I have the right to withdraw my consent at any time. This, however, does not affect the lawfulness of data processing based on consent before its withdrawal.

DATE OF SUBMISSION (day-month-year)

SIGNATURES (teacher and ensemble members)

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