UMFVBT – REG/PRI/01/2023 – 25 - ANEXA 25

## **Consent Form to Collect and Use your Personal Information**

The undersigned (first name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personal identity number/passport number/ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my full consent to the “Victor Babes” University of Medicine and Pharmacy Timisoara to collect and process my personal information for the purpose participating in an Erasmus+ mobility (in accordance with the provisions of the *Regulations on the protection of individuals with regard to the processing of personal data and on the free movement of such data – GDPR).*

I am aware that the information, known as ‘Personal Data’, includes, but is not limited to my name, address, telephone number and email address.

Date Signature,