



PERSONAL DATA FORM

**CUE MODULAR COURSES PREPARING FOR
ACCA STRATEGIC PROFESSIONAL EXAMINATIONS**

PHOTO

COURSE'S COMMENCEMENT DATE:.....

MODULE:

- STRATEGIC BUSINESS LEADER ADVANCED PERFORMANCE MANAGEMENT
 STRATEGIC BUSINESS REPORTING ADVANCED FINANCIAL MANAGEMENT

PERSONAL DATA	
SURNAME	
FIRST/GIVEN NAME	
FATHER'S NAME	
MOTHER'S NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
COUNTRY / REGION	
CITIZENSHIP	
ID CARD	
ID NUMBER	



DATE OF ISSUE	
VALID UNTIL	
ISSUING AUTHORITY	
CONTACT DETAILS	
ADDRESS	
STREET	
CITY/TOWN AND POSTAL CODE	
PHONE NUMBER	
E-MAIL	
EDUCATION AND WORK EXPERIENCE	
EDUCATION	
NAME OF THE SCHOOL/UNIVERSITY	
FIELD OF EDUCATION	
GRADUATION YEAR	
WORKPLACE	
YEARS OF WORK EXPERIENCE	
PROFESSIONAL POSITION	
SCOPE OF RESPONSIBILITIES	

SOURCE OF FINANCING	
INDIVIDUAL <input type="checkbox"/>	EMPLOYER <input type="checkbox"/>



DETAILS OF FINANCING PARTY	
NAME	
ADDRESS	
STREET	
CITY/TOWN AND POSTAL CODE	
TAX ID	





Personal statement

I declare that I have completed the above data truthfully and am aware of criminal liability under Art. 274 § 1 of the Criminal Code for testifying untrue or concealing it. At the same time, I consent to the processing of my personal data for the purposes of recruitment and the teaching process (in accordance with the Personal Data Protection Act of August 29, 1997, Journal of Laws No. 133, item 883).

I declare that I have read the Rules of MODULAR COURSES PREPARING FOR ACCA STRATEGIC PROFESSIONAL EXAMINATIONS available at <https://acca.uek.krakow.pl/accaprof.html>, and I fully accept them and undertake to respect them.

Date:

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(Signature)

