Cyprus University of Technology

Student Medical and Pharmaceutical Care Fund

APPLICATION

FOR FINANCIAL ASSISTANCE FOR MEDICAL AND PHARMACEUTICAL EXPENSES

A. PERSONAL DETAILS OF THE APPLICANT

1. **Full Name of Applicant:** ……
2. **ID/Passport Number:** …….. **Date of Birth:** ……..
3. **Study Program:** ……..
4. **Level (Undergraduate or Master):** …… **Year:** ……
5. **Mobile Phone Number:** ……..
6. **Email Address:** ……

B. MEDICAL INFORMATION / CERTIFICATES / INVOICES / RECEIPTS

	Yes	No	Details / Comments
1. Medical Diagnosis	□	□	……
2. Medical Report	□	□	……
3. Laboratory Tests	□	□	……
4. Medical Imaging Tests	□	□	……
5. Medical Rehabilitation	□	□	……
6. Medication	□	□	……

Yes No Details / Comments

7. Other Medical Examinations □ □ ……

8. Invoices / Receipts

- Hospital / Clinic: ……
- Attending Physician: ……
- Laboratory: ……
- Pharmacy: ……
- Other: ……

Applicant's Signature: ……

Date: … / … / 20…

C. CONSENT STATEMENT FOR PROCESSING OF PERSONAL DATA

1. By signing this form, I give my explicit and unconditional **consent** for the personal data provided by me to be **stored and lawfully processed** in accordance with the **Processing of Personal Data (Protection of the Individual) Law, N. 138(I)/2001**, by the **Data Controller**, which is the **Management Committee of the Fund**.
2. I acknowledge that the related records will be kept by the **Management Committee of the Fund**, and that recipients of the data will include authorized personnel of the Fund and those involved in evaluating my application.
3. The processing and management of my personal data shall be conducted securely and confidentially, in accordance with the applicable provisions of **Law N. 138(I)/2001**, and I have been informed of my rights to **access, rectify, and object**, as per Articles 11, 12, and 13 of Law N. 138(I)/2001, which may be exercised by contacting the **Data Controller** (Management Committee of the Fund).
4. In case of any disagreement or objection regarding the storage of my personal data or the method of communication, I have the right to notify the **Management Committee of the Fund in writing**.

Applicant's Signature: ……

Date: … / … / 20…

D. FALSE DECLARATION

Any applicant who knowingly **submits false information, false or forged documents**, or provides information known to be untrue, commits an **offense** and **legal actions** will be taken against them **without further notice**.

E. RIGHTS OF THE MANAGEMENT COMMITTEE

The **Management Committee** reserves the right, if deemed necessary, to **request additional documents, information, or receipts** from the applicant (student).

Submission: Electronically to **socialsupport.welfare@cut.ac.cy**