



Erasmus+ Mobility Applications: Disclosure of Medical Data

The University is committed to supporting Erasmus+ participants with fewer opportunities as required, including by *inter alia* supporting them to request any additional funding they may be entitled to, and/or to request necessary access arrangements for their Erasmus+ placement from the relevant partner institution.

In making any such requests on behalf of participants with fewer opportunities, the University is obliged to process and disclose data concerning such students' health. Medical and/or related information collected by the University in this regard is treated with utmost confidentiality, and is accessible only to those staff members who are required to process it by virtue of their roles and responsibilities.

This information is shared with the National Agency (EUPA), which receives and decides upon requests for additional funding grants, and with the corresponding partner institution that will have to provide the necessary access arrangements when the student is on mobility.

The University will disclose information on the strength of applicants' consent, in accordance with Article 9 (2) (a) GDPR and the provisions of the Processing of Personal Data (Education Sector) Regulations (Subsidiary Legislation 586.07). Applicants may withdraw their consent given below at any time prior to such disclosure of information by sending an email to erasmus@um.edu.mt. If the relevant consent is not provided, or is withdrawn before the said information is disclosed, the University will be unable to make any request/s on students' behalf.

Consent

I, the undersigned hereby explicitly authorise the University of Malta to process the following documents containing data concerning my health:

And to share these documents with:

- ❖ The **National Agency** (EUPA), for such Agency to approve my status as an applicant with fewer opportunities and to be able to consider future requests from my end regarding additional funding I may be entitled to:

Yes No

- ❖ [**The Partner Institution**], for such institution to confirm that the access arrangements I require can be provided to me during my Erasmus+ placement, and/or to request such institution to take the necessary measures to provide me with access arrangements I require during my mobility:

Yes No

.....
Name in block letters

.....
Signature

.....
Date