

**"PIUS BRÎNZEU" COUNTY EMERGENCY CLINICAL HOSPITAL
TIMIȘOARA, Romania**

**-
UNIVERSITY OF SZEGED, HUNGARY**

**Project "Improving health-care services through innovative RO-HU surgical ideas"-
ROHUNOVATION**

eMS: ROHU-400

TARGET GROUP REGISTRATION FORM

Individual registration form

Note: The data contained in this form will be treated confidentially, in accordance with the provisions of Directive CE / 95/46 on the protection of individuals with regard to the processing of personal data and the free movement of such data, transposed by Law 677/2001 on the protection on the processing of personal data and the free movement of such data, as subsequently amended and supplemented, as well as the provisions of Directive 2002/58 / EC on the processing of personal data and protection of privacy in the electronic communications sector, transposed by Law no. . 506/2004.

I. Personal information

I.1. Participant name (name and surname) _____

CNP _____, **address:**

Phone: _____, **Email:** _____

I.2. Gender: ☐ Male; ☐ Feminine; ☐ Other

I.3. Nationality: ☐ Romanian; ☐ Other (*specify*) _____

I.4. Age (in years of age) _____

I.5. Place of residence: ☐ rural; ☐ urban

II. Level of training

Higher Education	
Bachelor's degree	
Master's Degree	
Doctorate (PHD)	

Post doctorate	
Non-university education	
Post-secondary school	
School of foremen	
Highschool	
No school graduated	

III. Labour market status:

Students	
Undergraduate	
Employee	
Private entrepreneur ¹	
Unemployed	
Other situation (<i>specify</i>)	

IV. Belonging to a vulnerable group:

Roma person	
Person with disabilities	
Young people over 18 who leave the institutionalized child protection system	
Families with more than 2 children	
Mono-parental families	
Females	
Victims of domestic violence	
People affected by diseases that affect their social and professional life (HIV / AIDS, cancer, etc.)	
Homeless people	
Immigrants	
Refugee	
People living on the guaranteed minimum income	
People living in isolated communities	
Victims of human trafficking	
People affected by occupational diseases	
Other (<i>specify</i>)	

¹ This category includes persons who carry out their activity in their own unit with one or more employees (employees).

<p>The undersigned (name and surname)</p> <p>Knowing that false statements are punishable by law, I declare on my own responsibility that the data completed in this form correspond to reality.</p> <p>Signature²</p>	<p>The undersigned (name and surname)</p> <p>Knowing that false statements are punishable by law, I declare on my own responsibility that the data completed in this form correspond to reality.</p> <p>Signature³</p>
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Thank you,

Name, surname and signature: _____

² Enter the first and last name of the person in the target group. In the case of target group categories that do not have full exercise capacity, the declaration will be signed by the accused person (for example: parent, guardian, etc.)

³ The name and surname of the person from the project implementation team in whose presence the document was completed will be entered.