## APPLICATION FORM

## TO ATTEND THE BUDAPEST GALLERY EXCHENGE PROGRAM

1.NAME:
Phone nr: E-mail address:
2. ADDRESS:
3. WHICH CITY OR CITIES WOULD YOU LIKE TO APPLY TO? (THE ORDER IS TAKEN INTO ACCOUNT)
1)
2)
4. HAVE YOU BEEN AWARDED IN THE FRAMES OF THE BUDAPEST GALLERY EXCHANGE PROGRAM?
5. PLEASE DECLARE YOUR LANGUAGE SKILLS.
6. WHERE HAVE YOU HEARD ABOUT THE PROGRAM?
7. DO YOU AGREE TO HAVE YOUR DATAS IN THE PROGRAM'S DATABASE?
8. WEBSITE:

## DATA SHEET THE PROCESSING OF PERSONAL DATA BASED ON CONSENT

NAME:			
E-MAIL			
ADDRESS:			
PHONE			
NUMBER:		ALEA ETTONIC	
	INFOR	RMATIONS:	
NAME OF DATA MANAGER:			Budapest History Museum
REPRESENTED BY:			László Csorba DsC
WEBSITE:			www.btm.hu
PURPOSE OF DATA COLLECTION:			managing artist exchange program ope call
BASE OF COLLECTING DATA:			voluntary
PERIOD OF KEEPING DATAS:			5 years
o the processing You have the right of the processing The right to lodge Protection and France to bliged to professing and the right of the processing Protection and France to bliged to professing and the Protection and France Turther informations and the Protection and Prote	ase or restrict the processing of such personal data, as we at to withdraw your consent carried out on the basis of ye a complaint with the superveedom of Information) ovide personal data. nation, please consult the Pri-Museum.	bject, have the g of personal day all as the right to at any time, wi our consent privisory authority avacy Policy avaction and con	right to request the controller to ata concerning you and to object o data portability. thout prejudice to the lawfulness for to its withdrawal. (National Authority for Data ailable on the website of the
Date,		mm	dd
			sign