**Agreement with the Terms of the Appointment of an Affiliated Member of the Faculty of Arts, Charles University**

The affiliated member of the Faculty agrees to observe: health and safety regulations at work, fire prevention and civil protection regulations.

I, the undersigned:

Name and surname: …………………………………………………………………………,

Date of birth: ……………………………………………………………………………,

Address: ……………………………………………………………….……………,

E-mail: ……………………………………………………………………………,

declare the following:

1. I understand and agree with terms of the appointment of an affiliated member / Emeritus member of the Faculty of Arts, Charles University in Prague and I pledge to observe every regulation regarding this affiliated membership.
2. I agree with the assignment to this particular department of the Faculty of Arts, Charles University in Prague: **…** I also pledge to observe the instructions of the head of the department relating to my activities within the framework of my affiliated membership.
3. I agree with the processing and retention of my personal data listed above and of my visual representation (photograph) by the Charles University in Prague, IN: 00216208, as the administrator of personal data, for the purpose of record keeping, archiving and potentially contacting me for matters related to my affiliated membership. I also approve the use of the information about my affiliation to the Faculty of Arts, Charles University in Prague for promotional purposes and I approve the publication of my name, visual representation, contents of the affiliation and my professional profile at the Faculty's web and in printed promotional materials.
4. I am informed of my rights regarding the access to the information and its protection in accordance with § 12 and § 21, Law no. 101/2000 Coll. On the protection of personal data and amending certain other acts, as amended; that is, I understand that I can ask Charles University in Prague for the information on the processing of my personal data and I am entitled to receive this information. I am also aware that I can ask Charles University in Prague to correct my inaccurate personal data, to complete my personal data and to block and delete it.
5. I was informed of the health and safety regulations at work and of the fire protection regulations and I pledge to observe them.
6. I give my approval as referred to above voluntarily for an unlimited period of time until further notice and I pledge not to withdraw it without urgent cause based on a significant change of circumstances.
7. All the above is subject to the laws of the Czech Republic and it shall be interpreted in accordance with those laws. Any potential dispute shall be resolved by a competent court in the Czech Republic.

Done in …, …………………… ………………………

 Signature