# REGISTRATION FORM

Name and surname: ..................………………………………………….........................

Date and place of birth: ….………………………………………………………………………….

Permanent residence address: ………………………................……………………………

Citizenship: …………………………………………………………………………………………………

E-mail and phone number: .............................................................................

ID (passport) number: .................………………………………………………………………..

**Specific topic and period to be researched:**

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**Purpose of viewing \*:**

* scientific (composing case study, treatise, article)
* academic (composing bachelor’s, master’s, doctoral, or other theses)
* educational

**Name and registered office of institution for which the topic above is researched:**

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\*Strike out if not applicable

**Declaration**

I declare that all information submitted on the Registration form is accurate. I declare that I am fully aware of my responsibility in handling information gathered whilst viewing the oral history collection, “Interviews with Witnesses“.

I also declare that I have familiarised myself with the Usage Guidelines of the oral history collection, “Interviews with Witnesses“, and understand the ethical rules concerning the use of the information thus obtained. I acknowledge that in the event of breaking such rules I may be refused the right to access further information and conduct ongoing research.

I am aware that the handling of the interviews is regulated by **Publication Conditions** determined by the narrators themselves. All the information in the interviews is subject to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR), Act No. 110/2019 Coll., on processing of personal data, and Act No. 89/2012 Coll., the civil code.

I hereby declare that the information I have gained from the oral history collection „Interviews with Witnesses“ will be used for the purposes stated in this registration form only. In order to publish these testimonies or their parts (even as a part of a separate text), prior written consent from the Jewish Museum in Prague is necessary.

In Prague on (date): ……………………………

Signature: ……………………………………………

Stamp of the institution for which the research is conducted, and signature of the person in charge.

Please send the completed and signed registration form to the following address: Jewish Museum in Prague (U Staré školy 141/1, Josefov, 110 00 Praha 1), or electronically to: shoahhistory@jewishmuseum.cz

**Processing of Personal Information**

The Jewish Museum in Prague (CIN number: 60459263), registered office U Staré školy 141/1, Josefov,

110 00 Praha 1, as a personal data administrator on the basis of legitimate interests for purposes of keeping records of persons who have studied the edited and authorised transcriptions of interviews gathered in the oral history collection “Interviews with Witnesses“, and for purposes of communication regarding access management to the oral history collection „Interviews with Witnesses“ will process personal data submitted in the Registration form. Personal data are processed in the following extent: first name and last name, date and place of birth, permanent residency address, citizenship, phone number and e-mail, ID or passport number (referred to hereby as “personal data“). Personal data are processed in accordance with the Regulation on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC, and Personal Data Protection Act No. 110/2019. If you have any questions regarding the way your personal data may be processed, your rights when processing personal data, or processing any requests that may arise from the application of the above regulations (raising objections to the processing of your personal data), please contact the Jewish Museum in Prague Data Protection Officer who is available on the following e-mail address: poverenecgdpr@jewishmuseum.cz.