**“AMBASSADOR OF POLISH HISTORY” AWARD NOMINATION PROPOSAL**

**ORGANISATIONS AND INSTITUTIONS**

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| Organisation’s/institution’s name .........................................................................................  Address ……….....................................................................................................................  Date and place of origin ........................................................................................................  E-mail address .........................................................................................................  Mobile/phone number ............................................................................................  Description of merits and achievements justifying the award:  Attachments: |

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| I hereby consent to ………………………………………………………………………  (name and surname of the nomination proposer)  to report …………………………………………………………………………………  (name of the submitted organisation/institution)  as a candidate for the “Ambassador of Polish History” Award.  ......................... ........................................................................  (date) (signature of nomination proposer)  **Having regard to the foregoing, I propose that the “WITNESS OF HISTORY” award be granted to the Candidate.**  ......................... .....................................................................  (date) (signature of nomination proposer)  I hereby consent to being  nominated by ……………..………………………………………………..............................  as a candidate for the “Witness of History” Award.  ......................... ........................................................................  (date) (legible signature of the candidate)  I consent to the processing of my personal data, by the Institute of National Remembrance - Commission for the Prosecution of Crimes against the Polish National, with its registered office at: ul. Janusza Kurtyki 1, 02-676 Warsaw, for the purposes of personal data in order to submit a candidate for the *Ambassador of Polish History* Award\*\*  ⬜ ⬜  Yes No  I consent to the processing of my image for the purpose of posting a report from the event on the websites and official social media profiles of the Institute of National Remembrance  ⬜ ⬜  Yes No  I declare that I have read the information clause regarding the processing of personal data.  ⬜ ⬜  Yes No  \* In the case of an application for a posthumous award, the obligation to attach consent does not apply.  \*\* Providing your personal data is voluntary, however, refusal to provide it may result in the inability to participate in the prize awarding process.  ......................... ........................................................................  (date) (signature of nomination proposer)  Nomination proposer’s contact details:  Surname and first name …………………………………………………………………….  Name and seat of the entity\*\*\*……………………………………………………………  Address ………………………………………………………………………………..…..  e-mail ……………………………………………………………………………………….  Mobile/phone number …….………………………………………………………………..  I consent to the processing by the Institute of National Remembrance - Commission for the Prosecution of Crimes against the Polish National, with its registered office at: ul. Janusza Kurtyki 1, 02-676 Warsaw: personal data in order to submit a candidate for the Ambassador of Polish History Award  ⬜ ⬜  Yes No  Providing your personal data is voluntary, however, refusal to provide it may result in the inability to submit a candidate for the award.  I declare that I have read the information clause regarding the processing of personal data.  Having regard to the foregoing, I propose that the *Ambassador of Polish History* Award be granted to the Candidate.  ......................... ........................................................................  (date) (legible signature of the nomination proposer)  \*\*\*Leave blank if submitted by a natural person.  ***Decision of the Award Committee Chair***  □ **Accept □ Decline**  ...................................................................................................................................................  (Date award granted/declined and signature of the Award Committee Chair) |