

Data Protection Agreement

The applicant hereby confirms that **he/she** understands and agrees that **his/her** personal data shall be processed by the Malta Medicines Authority in accordance with the General Data Protection Regulation (GDPR), Regulation 2016/679/EU of the European Parliament and of the Council of 27 April 2016, the Data Protection Act (Chapter 586 of the Laws of Malta) and the Malta Medicines Authority Data Protection Policy (P-MA05). The applicant also understands that the personal data processed by the Malta Medicines Authority includes details pursuant to the **filling of the position/post of fellowship programme** being applied for.

The applicant further consents that personal data may be transferred by the data controller, or data process owners under its auspices, to relevant Governmental, quasi-Governmental and external entities related with the functioning and operations of the Malta Medicines Authority.

The applicant acknowledges that where **he/she** has consented to the processing of data by the Malta Medicines Authority, the applicant has the right to withdraw that consent at any time. The applicant also understands that as data subject, **he/she** has the right to request to the data controller access to, rectification or erasure of **his/her** personal data.

If the candidate is successful in **his/her** application, **he/she** is aware and acknowledges that **his/her** data shall be retained for a specific timeframe from termination of the **employment contract/fellowship contract**. Should the applicant wish to contact the Authority on matters related to personal data and its protection, **he/she** may do so on info.medicinesauthority@gov.mt.

Name of applicant

Signature

Date