Rok szkolny …....................................

**KARTA ZGŁOSZENIA**

na kwalifikacyjny kurs zawodowy

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| Oznaczenie/nazwa kwalifikacji |  |

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| Nazwisko: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Imiona rodziców: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Data urodzenia: |  |  | - |  |  | - |  |  |  |  |  | pesel |  |  |  |  |  |  |  |  |  |  |  |

dzień miesiąc rok

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| Miejsce urodzenia: |  |  |  |  |  |  |  |  |  |  |  |  | woj. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Adres zamieszkania: |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

kod miejscowość

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ulica, nr domu, mieszkania

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| Dowód osobisty: |  |  |  |  |  |  |  |  |  |  |  |  |

seria numer organ wydający

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| Inny dokument tożsamości: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

rodzaj numer organ wydający

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| Telefon kontaktowy: |  |  |  |  |  |  |  |  |  |  |  |  | e-mail |  |

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| Wykształcenie: | zasadnicze zawodowe |  |  | średnie |  |  | wyższe |  |  | inne |  |

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| Nazwa ukończonej szkoły: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Rok ukończenia |  |  |  |  |

Niniejszym, w rozumieniu ustawy z dnia 10.05.2018 r. (Dz. U. 2019 poz. 1781) "O ochronie danych osobowych", wyrażam zgodę na wykorzystanie i przetwarzanie moich danych osobowych w celach związanych z organizacją oraz prowadzeniem kursu.

Ponadto oświadczam, że znane jest mi prawo wglądu do moich danych osobowych oraz ich poprawiania.

Oświadczam, iż wszystkie podane w niniejszym zgłoszeniu dane zgodne są ze stanem faktycznym. Jestem świadomy/a odpowiedzialności karnej za złożenie fałszywego oświadczenia.

………………..…, dnia …………………………………… ………………………………………………………….

(miejscowość) (dzień, miesiąc, rok) (czytelny podpis)

**Do zgłoszenia dołączam:**

1. dokument potwierdzający poziom wykształcenia (oryginał świadectwa lub notarialnie poświadczona kopia),

2. zaświadczenie lekarskie o braku przeciwwskazań do wykonywania kwalifikacji w obrębie zawodu,

3. kserokopię dowodu tożsamości.