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| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

🗌**ukończyłem KKZ,** (miesiąc i rok ukończenia) **……………………………………………………………,**\*

🗌**jestem uczestnikiem KKZ, termin ukończenia kursu wyznaczono na dzień ……………….………….**\*

Nazwa i adres organizatora KKZ ………………………………………………………………………………...

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| **Dane osobowe słuchacza** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| Nazwisko: |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
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| Imię (imiona): |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
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| Data urodzenia: |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
|  | *d* | | | | | *d* | | | | *m* | | | | *m* | | | | *r* | | | | *r* | | | | *r* | | | | *r* | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
| Numer PESEL: |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |
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| kod pocztowy i poczta: | | | |  | | | |  | | | | ***-*** | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | |  | |
| **nr telefonu**: | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | |  | |
| **Adres poczty elektronicznej** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie**

🗌**w sesji Zima (deklarację składa się do 15 września 20………r.)\***

🗌**w sesji Lato (deklarację składa się do 7 lutego 20……………r.)\***

**w kwalifikacji**

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| *oznaczenie kwalifikacji zgodne  z podstawą programową szkolnictwa zawodowego* | | | | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
| **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | |
|  | |  | |  | |  | | |  | |  | |  |  |
|  | *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* |

**Do egzaminu będę przystępować**\*

🗌**po raz pierwszy** 🗌**po raz kolejny w części pisemnej** 🗌**po raz kolejny w części praktycznej**

Ubiegam się o dostosowanie warunków egzaminu\* ** TAK /  NIE**

**🗌 Mam zdany egzamin zawodowy z następującej kwalifiakcji wyodrębnionej w tym zawodzie:**

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|  |  | | *symbol kwalifikacji zgodnie*  *z podstawą programową* | | | | | | | | |  | |
|  |  | | *nazwa kwalifikacji* | |

Do deklaracji dołączam\*:

🗌Świadectwo potwierdzające kwalifikację w zawodzie uzuskane po zdaniu egzaminu potwierdzającego kwalifikacje w zawodzie   
w zakresie kwalifikacji wyodrębnionej w tym zawodzie

🗌Zaświadczenie o ukończeniu kwalifikacyjnego kursu zawodowego

🗌Zaświadczenie potwierdzające występowanie dysfunkcji wydane przez lekarza

🗌Zaświadczenie o stanie zdrowia wydane przez lekarza\* (w przypadku choroby lub niesprawności czasowej)

|  |  |
| --- | --- |
| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |
| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć podmiotu prowadzącego KKZ | .......................................................  *data, czytelny podpis osoby przyjmującej* |