**Załącznik 3c**

**Osoba dorosła/EKSTERN**

**Deklaracja przystąpienia do egzaminu**

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

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| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Imię (imiona): | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Data i miejsce urodzenia: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | *d* | | | *d* | | | *m* | | | | *m* | | | | *r* | | | *r* | | | | *r* | | | | *r* | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Numer PESEL: | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| *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: | | | | | | | |  | | |  | | | ***-*** | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| **nr telefonu z kierunkowym**: | | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | **mail**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**🗌 Jestem osobą dorosłą, która jest uczestnikiem** 🗌 praktycznej nauki zawodu dorosłych\*/ 🗌 przyuczenia do  
 pracy dorosłych\*

**🗌 Jestem osobą dorosłą, która co najmniej dwa lata kształciła się lub pracowała w zawodzie**, w którym  
 wyodrębniono kwalifikację, którą chcę potwierdzić\*

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie   
przeprowadzanego w terminie** ……………………………

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| *oznaczenie kwalifikacji zgodne*  *z podstawą programową* | | | | | | | | | | | | | | |  | | | |
| *nazwa kwalifikacji* | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | | | | | |
| *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* | | | |

🗌**po raz pierwszy\* /** 🗌**po raz kolejny\*do części** 🗌**pisemnej\*,** 🗌**praktycznej\***

**dostosowania** 🗌**TAK\* /** 🗌**NIE\***

Wyrażam zgodę na przetwarzanie moich danych osobowych do celów związanych z egzaminem potwierdzającym kwalifikacje w zawodzie.

Do deklaracji dołączam:

🗌 ………………………………………………………\*

🗌Zaświadczenie potwierdzające występowanie dysfunkcji wydane przez lekarza \*

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

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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |
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| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć oke | .  .............................................................  *data, czytelny podpis osoby przyjmującej* |
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| 🛈 | Obowiązek informacyjny wynikający z art. 13 i 14 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE, w zakresie przeprowadzania egzaminu potwierdzającego kwalifikacje zawodowe, zgodnie z przepisami ustawy o systemie oświaty oraz aktami wykonawczymi wydanymi na jej podstawie, został spełniony poprzez zamieszczenie klauzuli informacyjnej na stronie internetowej właściwej okręgowej komisji egzaminacyjnej. |