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| **Częstochowska Izba Rzemiosła  i Przedsiębiorczości**  **Al. Kościuszki 6 42-200 Częstochowa**  **tel.34/324-39-16**  **www.cirzem.pl e-mail: cirzem.oswiata@wp.pl** |  |  | **Nr akt**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WNIOSEK O DOPUSZCZENIE DO EGZAMINU SPRAWDZAJĄCEGO**

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| **Nr ewidencyjny PESEL kandydata do egzaminu** | | | | | | | | | | |

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| **Nazwisko** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Imię (pierwsze) Imię (drugie)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Data urodzenia (dzień - miesiąc - rok)** | | | | | | | | | | | | | | | | | | | | | | | **Miejsce urodzenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **województwo** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adres korespondencyjny kandydata: ulica / nr domu / nr lokalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **tel. stacjonarny (+ kierunek)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **tel. komórkowy** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **adres e-mail** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Zawód, którego ma dotyczyć egzamin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Zakład, w którym ukończono przyuczenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer Identyfikacji Podatkowej (NIP) zakładu pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nazwa zakładu pracy - imię i nazwisko właściciela lub współwłaścicieli** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adres: ulica / nr domu / nr lokalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **tel. stacjonarny (+ kierunek)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **tel. komórkowy** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nr umowy o przyuczenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **okres przyuczenia (dzień – miesiąc – rok)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zakres przyuczenia: (wpisać prace, zgodnie z treścią na zaświadczeniu o przyuczeniu)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Załączniki:**  **Młodociani pracownicy:**   1. Umowa o pracę w celu przygotowania zawodowego w formie przyuczenia do wykonywania określonej pracy. 2. Zaświadczenie pracodawcy potwierdzające ukończenie przyuczenia z podaniem czasokresu oraz zakresu przyuczenia i potwierdzone przez cech. 3. Oryginał dowodu opłaty za egzamin z podaniem imienia i nazwiska zdającego, dokonanej na niżej podany rachunek bankowy lub w kasie Izby.   **Kandydaci po ukończeniu przygotowania zawodowego osób dorosłych:**   1. Zaświadczenie ukończenia przygotowania zawodowego dorosłych. 2. Umowa w sprawie realizacji przygotowania zawodowego dorosłych. 3. Oryginał dowodu opłaty za egzamin z podaniem imienia i nazwiska zdającego, dokonanejna niżej podany rachunek bankowy lub w kasie Izby.   **Należy przedstawić oryginały dokumentów wraz z kopiami w celu ich uwierzytelnienia.**  **Osoby niepełnosprawne ubiegające się o dostosowanie warunków i formy przeprowadzenia egzaminu do indywidualnych potrzeb składają dodatkowe dokumenty informujące o powyższej sprawie.** |
| **Nr rachunku bankowego, na który należy wpłacić opłatę za egzamin: 05 1050 1142 1000 0005 0162 8051** |

Osoba składająca wniosek ponosi odpowiedzialność za treść złożonego oświadczenia z wszelkimi prawnymi konsekwencjami podania nieprawdziwych danych.

Zgodnie z ustawą z dnia 29.08.1997r. o ochronie danych osobowych, niniejszym wyrażam zgodę na przetwarzanie moich danych osobowych obejmujących dane zawarte w powyższym wniosku przez Częstochowską Izbę Rzemiosła i Przedsiębiorczości w celu:

* przeprowadzenia egzaminu 🞎tak 🞎nie
* przekazywania informacji na temat realizowanych przez Izbę wraz z partnerami szkoleń 🞎tak 🞎nie

Zostałam/em poinformowana/y, że podanie ww. danych osobowych jest dobrowolne oraz że przysługuje mi prawo dostępu do treści moich danych oraz prawo ich poprawienia. 🞎tak 🞎nie

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Wypełnia Izba

* Na podstawie złożonych dokumentów Izba stwierdza, iż w/w osoba spełnia warunek dopuszczający do egzaminu sprawdzającego ( Uchwała Nr 11 Zarządu Związku Rzemiosła Polskiego z dnia 10 września 2003 r. znak: NO-I-130/ES/03 w sprawie egzaminów sprawdzających przeprowadzanych po zakończeniu przyuczenia do wykonywania określonej pracy).
* Na podstawie złożonych dokumentów Izba stwierdza, iż w/w osoba spełnia warunek dopuszczający do egzaminu sprawdzającego (rozporządzenie Ministerstwa Edukacji Narodowej  w sprawie egzaminu czeladniczego,   egzaminu   mistrzowskiego oraz egzaminu sprawdzającego, przeprowadzanych   przez komisje   egzaminacyjne izb rzemieślniczych (Dziennik Ustaw z 2017 r., poz. 89, § 7).

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