*Załącznik nr 1 do Regulaminu rekrutacji uczestników projektu „Utworzenie branżowego centrum kształcenia zawodowego i ustawicznego przy Zespole Szkół Leśnych w Rucianem – Nidzie”*

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| **Formularz zgłoszeniowy kandydata do projektu  pn. „Utworzenie branżowego centrum kształcenia zawodowego i ustawicznego przy Zespole Szkół Leśnych  w Rucianem – Nidzie”** | …………………………………………………………  Data przyjęcia zgłoszenia  …………………………………..…………..…………  Numer zgłoszenia  ……………………………………….…….……….  podpis przyjmującego |

**A. PROPONOWANE WSPARCIE**

*Uwaga! Proszę wybrać wyłącznie 1 kurs. W przypadku zainteresowania udziałem w większej liczbie kursów, proszę złożyć dokumenty rekrutacyjne dla każdego kursu oddzielnie*

**1. Kwalifikacyjne kursy zawodowe:**

- R.1. Obsługa maszyn stosowanych do prac leśnych

- R.14. Użytkowanie zasobów leśnych

**2. Kursy umiejętności zawodowych**

- kurs obsługa wysokospecjalistycznych maszyn typu Harvester

- kurs obsługa wysokospecjalistycznych maszyn typu Forwarder

- kurs drwal- operator pilarki,

- kurs brakarski drewna okrągłego

- kurs stosowania środków ochrony roślin w leśnictwie

- kurs wykonania mebli i elementów oraz małej architektury drzewnej

- kurs projektowania mebli z wykorzystaniem programów komputerowych

**B. DANE KANDYDATA**

**1. Dane osobowe**

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| **NAZWISKO** | | | | | | | | | | | | | | | | **IMIĘ PIERWSZE** | | | | | | | | | | | | | | |
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| **IMIĘ DRUGIE** | | | | | | | | | | | | | | | | **NAZWISKO PANIEŃSKIE DLA MĘŻATEK** | | | | | | | | | | | | | | |

**2. Data urodzenia**

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**3. Imiona rodziców**

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| **IMIĘ OJCA**  **IMIĘ OJCA** | | | | | | | | | | | | | | | | **IMIĘ MATKI** | | | | | | | | | | | | | | |

**4. Adres zamieszkania**

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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.\*** | | | | |
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| **ULICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.** | | | | | **NR MIESZ.** | | | | |
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**5. Dane kontaktowe**

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| **TEL. STACJONARNY** | | | | | | | | | | **TEL. KOMÓRKOWY** | | | | | | | | | | **E-MAIL** | | | | | | | | | | | | | | | | | | | | |
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**6. Adres tymczasowego zameldowania lub do korespondencji\*\***

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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.\*** | | | | |
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\* w przypadku adresu bez nazwy ulicy

\*\* tylko w przypadku, gdy adres jest inny niż w pkt. 4

**7. PESEL, seria i numer dowodu osobistego**

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| **PESEL** | | | | | | | | | | |

**C. KRYTERIA DOSTĘPU**

**1. Wymogi formalne**

- jestem osobą pełnoletnią TAK NIE

- mój stan zdrowia pozwala mi na udział w wybranej formie wsparciaTAK NIE

**2. Wymogi merytoryczne**

A. Związek tematu kursu

- moja praca związana jest/była z tematyką kurs

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| **MIEJSCE PRACY (nazwa i adres)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **STANOWISKO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STAŻ PRACY (OGÓŁEM W LATACH)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Uzasadnienie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- moje wykształcenie/obecne kształcenie zgodne jest z tematyką kursu

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| 1. szkoła podstawowa |  |
| 1. gimnazjum |  |
| 1. zasadnicza szkoła zawodowa |  |
| 1. liceum ogólnokształcące / profilowane |  |
| 1. technikum |  |
| 1. szkoła policealna |  |
| 1. szkoła wyższa |  |

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| **PEŁNA NAZWA SZKOŁY/UCZELNI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WYDZIAŁ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | | **WOJEWÓDZTWO** | | | | | | | | | | | |  | | | |
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| **ROK UKOŃCZENIA** | | | | | | | | | | | | **ZAWÓD WYUCZONY** | | | | | | | | | | | | | | | | | | | | | | | | | |

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*(Miejsce zatrudnienia/nazwa szkoły/uczelni)*

B. Miejsce zamieszkania

- mieszkam na terenie województwa warmińsko – mazurskiego   
- mieszkań na terenie województw ościennych – pomorskie,   
 kujawsko- pomorskie, mazowieckie, podlaskie   
- mieszkam na terenie pozostałych województw

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| **WOJEWÓDZTWO** | | | | | | | | | | | | | **KOD** | | | | | | **POCZTA** | | | | | | | | | | | | | | | | | | | |

C. Motywacja do udziału w projekcie

*Proszę opisać motywy udziału w projekcie oraz wybranej formy wsparcia*

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| **UZASADNIENIE** |

**D. WIARYGODNOŚĆ DANYCH POTWIERDZAM WŁASNORĘCZNYM PODPISEM**

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(podpis)

**E. ZAŁĄCZNIKI:**

**- oświadczenie o przetwarzaniu danych osobowych**

**- oświadczenie o spełnianiu wymogów formalnych**

**- oświadczenie o zapoznaniu się z regulaminem rekrutacyjnym**

**OŚWIADCZENIA**

1) Działając zgodnie z art. 23 ust.1 Ustawy o ochronie danych osobowych z dnia 29 sierpnia 1997 r. (Dz. U. z 2016 r. poz. 922) wyrażam zgodę na przetwarzanie moich danych osobowych dla celów rekrutacji, szkolnych i statystycznych.

2) wyrażam zgodę na udział w projekcie pn. „Utworzenie branżowego centrum kształcenia zawodowego i ustawicznego przy Zespole Szkół Leśnych w Rucianem – Nidzie”

……………., dn. ................................ …………..………………………………….

(podpis kandydata)

**OŚWIADCZENIE**

Oświadczam, że spełniam wymogi formalne określone w regulaminie rekrutacyjnym do projektu pn. „Utworzenie branżowego centrum kształcenia zawodowego i ustawicznego przy Zespole Szkół Leśnych w Rucianem – Nidzie”:

- jestem osobą pełnoletnia

- mój stan zdrowia pozwala na udział w wybranej formie wsparcia

……………., dn. ................................ …………..………………………………….

(podpis kandydata)

**OŚWIADCZENIE**

Oświadczam, że zapoznałam/em się z regulaminem rekrutacji uczestników do projektu pn. „Utworzenie branżowego centrum kształcenia zawodowego i ustawicznego przy Zespole Szkół Leśnych w Rucianem – Nidzie”

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(podpis kandydata)