**Załącznik nr 17**

do Regulaminu rekrutacji i uczestnictwa w Projekcie

**Kwestionariusz osobowy uczestnika stażu/szkolenia zawodowego**

**Aktywizacja Dolnośląskiego Rynku Pracy – IV edycja”**

**nr projektu: FEDS.07.04-IP.02-0004/23**

# **Nazwisko**

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# **Imiona**

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# **Nazwisko rodowe**

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**Imiona rodziców**

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**Dowód osobisty (seria i numer dokumentu) Data urodzenia (dd/mm/rrrr)**

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**Identyfikator podatkowy: PESEL/NIP\***

**Numer ewidencyjny PESEL Numer identyfikacji podatkowej NIP**

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# **Nazwa banku/ oddziału**

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**Numer konta bankowego na który proszę przekazać wynagrodzenie za wykonaną pracę:**

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**Urząd Skarbowy:** ………………………....................................................................................................

**Adres Urzędu Skarbowego:** ……………………......................................................................................

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**Adres zameldowania na stałe miejsce pobytu:**

**Kod pocztowy Poczta**

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**Miejscowość**

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**Ulica**

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**Numer domu Numer mieszkania**

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**Gmina**

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**Numer telefonu kierunkowy - domowy Numer telefonu komórkowego**

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**Adres zamieszkania (wypełnić, jeśli adres zamieszkania jest inny niż adres zameldowania):**

**Kod pocztowy Poczta**

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**Miejscowość**

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**Ulica**

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**Numer domu Numer mieszkania**

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**Gmina**

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## **Adres do korespondencji (wypełnić, jeśli adres do korespondencji jest inny niż adres zameldowania/zamieszkania):**

**Kod pocztowy Poczta**

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**Miejscowość**

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**Ulica**

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**Numer domu Numer mieszkania**

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**Gmina**

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**Przynależność do Oddziału Narodowego Funduszu Ochrony Zdrowia**

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**Oświadczam, że:**

1. Jestem zatrudniony/a\* /nie jestem zatrudniony/a \* na podstawie umowy o pracę w wymiarze ……………. czasu pracy w:

……………………………………………………………………………………………………………………………………………  
 (nazwa i adres ZAKŁADU PRACY)

i otrzymuję\*/nie otrzymuję\* wynagrodzenie z tego tytułu powyżej wynagrodzenia minimalnego.

1. Jestem uprawniony do emerytury\* renty\* ustalonej decyzją oddziału ZUS z dnia ……………… Znak: …………………………………………………………………………………………………………………………………….
2. Jestem studentem w wieku do ukończenia 26 roku życia (nazwa i adres uczelni, nr legitymacji studenckiej) ……………………………………………………………………………………………………….  
   i wnoszę/nie wnoszę\* o objęcie ubezpieczeniem społecznym od dnia…………………………………
3. Jestem/nie jestem\* zarejestrowany jako osoba bezrobotna w Powiatowym Urzędzie Pracy w ………………………………………………………………………………………………………………………………………
4. Pobieram/nie pobieram\* zasiłek dla bezrobotnych.
5. W razie utraty prawa do zasiłku poinformuje Beneficjenta/Partnera drogą mailową na adres [**………………………………….**](mailto:aktywizacja@dawg.pl)w ciągu max. 3 dni od momentu zaistnienia tego faktu.

Oświadczam, że powyższe zgłoszenie wypełniłem/am zgodnie z prawdą i że świadomy/a jestem odpowiedzialności karnej z art.247 par.1 kodeksu karnego za zeznawanie nieprawdy lub zatajenie prawdy.

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*(data i czytelny podpis Uczestnika/Uczestniczki Projektu)*

\* Niepotrzebne skreślić