**Załącznik 3b**

**uczestnik KKZ /osoba, która ukończyła KKZ**

**Deklaracja przystąpienia do egzaminu**

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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: |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  |  | |  | |  | | |
| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |
| miejscowość: | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  |  | |  | |  | | |
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| ulica i numer domu: | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  |  | |  | |  | |
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| kod pocztowy i poczta: | |  | | |  | | | ***-*** | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  |  | |  | |  | |
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| **nr telefonu z kierunkowym**: | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | **mail**: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**🗌 Jestem uczestnikiem** kwalifikacyjnego kursu zawodowego **\*/ 🗌 ukończyłem/ukończyłam\*** kwalifikacyjny kurs zawodowy

*miesiąc i rok ukończenia kwalifikacyjnego kursu zawodowego:*.......................................................

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*nazwa i adres organizatora kwalifikacyjnego kursu zawodowego*

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

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| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | | | | | | | | | | |  | | | |
| *nazwa kwalifikacji* | | | |
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| *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 o ukończeniu kwalifikacyjnego kursu zawodowego**\*** (w przypadku składania deklaracji do OKE)**\***

🗌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 szkoły/placówki/podmiotu prowadzącego kkz/oke* | ....................................................................  *data, czytelny podpis osoby przyjmującej* |