**Załącznik 11**

**WNIOSEK**

**o wydanie dyplomu\*/suplementu do dyplomu\* potwierdzającego kwalifikacje zawodowe**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane osobowe ucznia /słuchacza /absolwenta** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
| Nazwisko: | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
| Nazwisko rodowe: | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
| Imię (imiona): | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
| Data i miejsce urodzenia: | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  | | | | | | | *d* | | | *d* | | | | | *m* | | | | | *m* | | | *r* | | | | *r* | | | *r* | | | | | *r* | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
| Numer PESEL: | | | | | | |  | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | | |  | | |  |  |
|  |  |  |  |  |  |  | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | |  | | |  | | | | |
| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| **Adres zamieszkania** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| miejscowość: | | | | | | | |  | | | |  | |  | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |
|  | | | | | | | |  |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | | | | | | |  | | |  | | | |
| ulica i numer domu: | | | | | | | |  | | | |  | |  | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |
|  | | | | | | | |  | | | |  | |  | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |
| kod pocztowy i poczta: | | | | | | | |  | | | |  | | ***-*** | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |
|  | | | | | | | |  | | | |  | |  | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |
| nr telefonu z kierunkowym: | | | | | | | |  | | | |  | |  | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | mail: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Wnioskuję o wydanie dyplomu /suplementu do dyplomu potwierdzającego kwalifikacje zawodowe w zawodzie**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| *symbol cyfrowy* | | | | | | |  | *nazwa zawodu* |

**Do wniosku dołączam:**

 Świadectwa potwierdzające następujące kwalifikacje\*\* *(wyodrębnione w wyżej wymienionym zawodzie):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | . |  | . |  |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | |  |
| *nazwa kwalifikacji* |
|  | . |  | . |  |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | |  |
| *nazwa kwalifikacji* |
|  | . |  | . |  |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | |  |
| *nazwa kwalifikacji* |

 Świadectwo ukończenia szkoły\* *(ponadgimnazjalnej lub ponadpodstawowej)*

 Zaświadczenie o zdaniu egzaminów eksternistycznych\* *(z zakresu wymagań określonych w wyżej wymienionym zawodzie)*

 Dyplom potwierdzający kwalifikacje zawodowe\* *(obejmujący kwalifikacje wyodrębnione w wyżej wymienionym zawodzie)*

 Świadectwo czeladnicze\* *(z zakresu odpowiadającego kwalifikacjom w wyżej wymienionym zawodzie)*

 Oryginał / duplikat świadectwa uzyskanego za granicą\*

 Zaświadczenie wydane na podstawie przepisów w sprawie nostryfikacji świadectw szkolnych i świadectw maturalnych uzyskanych za granicą\*

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

|  |  |
| --- | --- |
| \**właściwe zaznaczyć*  *\*\* należy dołączyć, jeżeli świadectwo zostało wydane przez okręgową komisję egzaminacyjną inną niż OKE, do której jest składany wniosek* | ........................................................................................  *czytelny podpis* |