**Załącznik 3a Deklaracja dla absolwenta, którego szkoła została zlikwidowana lub osoby posiadającej świadectwo uzyskane za granicą**

**absolwent zlikwidowanej szkoły /OSOBA POSIADAJĄCA ŚWIADECTWO UZYSKANE ZA GRANICĄ**

**Deklaracja przystąpienia do egzaminu**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| miejscowość, data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *d* | | | | | *d* | | | | | *m* | | | | *m* | | | | *r* | | | | | *r* | | | | | | *r* | | | | | *r* | |
| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |
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| Imię (imiona): | | | | | | |  | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | |
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| Data i miejsce urodzenia: | | | | | | |  | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | |
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| Numer PESEL: | | | | | | |  | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | |
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| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
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| kod pocztowy i poczta: | | | | | | | |  | | | |  | | | ***-*** | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | |
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| **nr telefonu z kierunkowym**: | | | | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | **mail**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

🗌 **Jestem absolwentem\*** szkoły, 🗌która została zlikwidowana/przekształcona / 🗌w której zlikwidowano kształcenie w zawodzie

*miesiąc i rok ukończenia szkoły:* .......................................................

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*nazwa i adres szkoły*

🗌 **Posiadam świadectwo/inny dokument wydane za granicą\*** potwierdzające wykształcenie średnie/wykształcenie zasadnicze zawodowe/uznane za równorzędne świadectwu szkoły ponadgimnazjalnej/ponadpodstawowej w drodze nostryfikacji

**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\***

Do deklaracji dołączam:

🗌 Świadectwo ukończenia szkoły\*

🗌 Dokument wydany za granicą potwierdzający wykształcenie średnie/wykształcenie zasadnicze zawodowe\*

🗌Orzeczenie/opinię publicznej poradni psychologiczno-pedagogicznej (w przypadku występowania dysfunkcji)\*

🗌Zaświadczenie o stanie zdrowia wydane przez lekarza\* (w przypadku choroby lub niesprawności czasowej)\*

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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |
| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć oke | .......................................................  *data, czytelny podpis osoby przyjmującej* |

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| 🛈 | Obowiązek informacyjny wynikający z art. 13 i 14 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE, w zakresie przeprowadzania egzaminu potwierdzającego kwalifikacje zawodowe, zgodnie z przepisami ustawy o systemie oświaty oraz aktami wykonawczymi wydanymi na jej podstawie, został spełniony poprzez zamieszczenie klauzuli informacyjnej na stronie internetowej właściwej okręgowej komisji egzaminacyjnej. |