Projekt współfinansowany ze środków Unii Europejskiej ze środków Europejskiego Funduszu Społecznego w ramach Regionalnego Programu Operacyjnego na lata 2014-2020

| **FORMULARZ ZGŁOSZENIA UCZESTNIKA PROJEKTU**  **„ Moje umiejętności – moja przyszłość”**  **Nr. projektu : RPLD.11.03.01-10-0025/17-00** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane UCZESTNIKA (WYPEŁNIA UCZESTNIK, W PRZYPADKU UCZNIÓW NIEPEŁNOLETNICH WYPEŁNIA RODZIC/OPIEKUN PRAWNY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Imię: | | | | | | |  | | | | | | | | | | | | | |
| Data urodzenia - (RRRR-MM-DD) |  | |  | | | |  | | | | |  | | |  | | | | |  | | | |  | | | | |  | |  | |  | | | Płeć: | | | | | | |  | | Kobieta | | | | |  | | | | Mężczyzna | | |
| PESEL: |  | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | |  | | |  | | |  | | Wiek: | | | | ……….. lat | | | | | | | | | | | | |
| Wykształcenie |  | | | | | | | | | | Gimnazjalne | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Inne | | | | | | | | | | | | | | | | | |
| Osoba z niepełnosprawnościami (posiadająca orzeczenie o stopniu niepełnosprawności wydane przez organ do tego upoważniony) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Tak | | |  | | | | | | | Nie |
| **Adres zamieszkania:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica: |  | | | | | | | | | | | | | | | | | | | | | | | | | Nr budynku: | | | | | | | | | |  | | | | | | Nr lokalu: | | | | | | | | |  | | | | | |
| Miejscowość: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Miasto | | | | | |  | | | | | Wieś | | | |  | | | | | |
| Kod pocztowy: |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | Poczta: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Gmina: |  | | | | | | | | | | | | | | | | | | | | | | | | | | Powiat: | | | | | | | | |  | | | | | | | Województwo: | | | | | | | | |  | | | | |
| Numer telefonu: |  | | | | | | | | | | | | | | | | | | | | | | | | | | Adres e-mail: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Informacje o uczestniku (proszę zaznaczyć jeżeli dotyczy uczestnika projektu)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| osoba należąca do mniejszości narodowej, etnicznej, migrant, osoba obcego pochodzenia  osoba bezdomna lub dotknięta wykluczeniem z dostępu do mieszkań  osoba z niepełnosprawnościami  osoba przebywająca w gospodarstwie domowym bez osób pracujących  w tym: w gospodarstwie domowym z dziećmi pozostającymi na utrzymaniu  osoba żyjąca w gospodarstwie składającym się z jednej osoby dorosłej   i dzieci pozostających na utrzymaniu   osoba w innej niekorzystnej sytuacji społecznej (inne niż wymienione powyżej) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Tak** | | | **Nie** | | | | **Odmowa podania inf.** | |
|  | | |  | | | |  | |
| Miejsce i data | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis uczestnika | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dane osobowe Rodzica/ Opiekuna prawnego (dot. uczestników poniżej 18 roku życia)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Imię: | | | | |  | | | | | | | | | | | | | | | |
| **Adres zamieszkania / Dane kontaktowe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica: | |  | | | | | | | | | | | | | | | | | | | | | | | | Nr domu: | | | | | | | | | |  | | | | | | Nr mieszkania: | | | | | | | | |  | | | | | |
| Miejscowość: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Miasto | | | | | |  | | | | | Wieś | | | |  | | | | | |
| Kod pocztowy: | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | Poczta: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Gmina: | |  | | | | | | | | | | | | | | Powiat | | | | | | | | | | | | | | | | | | | |  | | | | | | | Województwo | | | | | | | | | |  | | | |
| Numer telefonu: | |  | | | | | | | | | | | | | | | | | | | | | | | | Adres e-mail: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Miejsce i data | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis Rodzica/Opiekuna prawnego | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |