**Załącznik nr 1 do OPZ**

FORMULARZ PROSIMY WYPEŁNIĆ DRUKOWANYMI LITERAMI, A POLA WYBORU ZAZNACZAĆ "X"

**DANE UCZESTNIKA**

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**Imię (imiona) NR PESEL**

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 **Nazwisko**

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**Data urodzenia (dzień/miesiąc/rok) Miejsce urodzenia - miejscowość**

**ADRES ZAMELDOWANIA I DANE KONTAKTOWE**

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**Ulica nr domu nr mieszkania**

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 **Kod pocztowy Poczta Miejscowość**

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**Gmina Powiat**

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**Województwo**

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 **Telefon domowy (wraz z numerem kierunkowym) Telefon komórkowy**

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 **Adres poczty elektronicznej (e-mail)**

**ADRES KORESPONDENCYJNY** *(wypełnić jeśli inny niż adres zameldowania)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **Ulica nr domu nr mieszkania**

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 **Kod pocztowy Poczta Miejscowość**

 **WYKSZTAŁCENIE** *(proszę zaznaczyć właściwy)*

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|  | **niepełne podstawowe (ISCED 0)** |  | **Podstawowe (ISCED 1)** |  | **Gimnazjalne** **(ISCED 2)** |  | **zasadnicze zawodowe****(ISCED 3)** |  | **średnie zawodowe (technik)****(ISCED 3)** |
|  |  |  |  |  |  |  |  |  |  |
|  | **Licealne** **(ISCED 3)** |  | **Pomaturalne****(ISCED 4)** |  | **wyższe zawodowe (lic., inż. lub równorzędne) (ISCED 5-6)** |  | **wyższe magisterskie (mgr lub równorzędne) (ISCED 7)** |  | **wyższy stopień lub tytuł naukowy(dr, prof.) / tytuł naukowy ……………… (ISCED 8)** |

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| **Ze względów logistycznych (brak możliwości codziennych dojazdów) deklaruję pobyt stacjonarny w Ośrodku Kompleksowej Rehabilitacji** |  |  | **NIE NIE** |  | **TAK** |  |  |

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| --- | --- |
|  | **Jestem jedynym opiekunem prawnym dzieci, które musza przebywać ze mną w Ośrodku Rehabilitacji Kompleksowej, liczba dzieci….… wiek……………..………………………** |

**STATUS NA RYNKU PRACY** *(proszę zaznaczyć właściwy)*

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| **Jestem zatrudniony** |  |  | **NIE** |  | **TAK** |

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|  | **Administracja rządowa** |  | **Administracja samorządowa** |  | **MMSP** |  | **NGO** |  | **Własna** **działalność** |  | **Duże przedsiębiorstwo** |
| **Jestem zatrudniony w** …………………………………………………………………………….………………………………………………… |
| **Wykonywany zawód** …………………………………………………………………………….…………………………………………………… |

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| **Jestem osobą bezrobotną** |  |  | **NIE** |  | **TAK** |
| **Jestem zarejestrowany/a w PUP i posiadam status osoby bezrobotnej nr …………….……** |  |  | **NIE** |  | **TAK** |
| **- jestem osobą długotrwale bezrobotną** |  |  | **NIE** |  | **TAK** |
| **Jestem zarejestrowany/a w PUP jako osoba poszukująca pracy** |  |  | **NIE** |  | **TAK** |
| **Jestem osoba bierną zawodowo** |  |  | **NIE** |  | **TAK** |
|  |  |  |  |  |  |
| **Jestem uczniem /studentem uczącym się w systemie dziennym** |  |  | **NIE** |  | **TAK** |
| **Jestem osobą kształcąca się w systemie wieczorowym/pozaszkolnym** |  |  | **NIE** |  | **TAK** |

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| **Jestem osobą niepełnosprawną i posiadam orzeczenie** |  |  | **NIE** |  | **TAK** |
| **Informacje dotyczące niepełnosprawności:****Numer orzeczenia o niepełnosprawności**…………………….……………Data ważności……………………….……………………….**Stopień niepełnosprawności**…………………………………………………………………………………………………………………**Konieczne wymagania związane z niepełnosprawnością (np. pomoc asystenta, tłumacza migowego)** ……………………………………………………………………………………………………………………………………….……………… |

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| **Osoba należąca do mniejszości narodowej lub etnicznej, migrant, osoba obcego pochodzenia** |  |  | **NIE** |  | **TAK** |  | **Odmowa informacji** |
| **Osoba bezdomna lub dotknięta wykluczeniem z dostępu do mieszkań** |  |  | **NIE** |  | **TAK** |  |  |
| **Osoba przebywająca w gospodarstwie domowym bez osób pracujących** |  |  | **NIE** |  | **TAK** |  | **Odmowa informacji** |
| **w tym: w gospodarstwie domowym z dziećmi pozostającymi na utrzymaniu** |  |  | **NIE** |  | **TAK** |  | **Odmowa informacji** |
| **Osoba żyjąca w gospodarstwie składającym się z jednej osoby dorosłej i dzieci pozostających na utrzymaniu** |  |  | **NIE** |  | **TAK** |  | **Odmowa informacji** |
| **Osoba w innej niekorzystnej sytuacji społecznej**  |  |  | **NIE** |  | **TAK** |  | **Odmowa informacji** |