***Załącznik nr 1*** *do* Regulaminu Przyznawania i Wypłacania Stypendiów Szkoleniowych i Stażowych

**KWESTIONARIUSZ OSOBOWY W PROJEKCIE**

**„Nowe kwalifikacje = Nowa droga do zatrudnienia”**

realizowanym w ramach Regionalnego Programu Operacyjnego

Województwa Podkarpackiego na lata 2014-2020

OŚ PRIORYTETOWA VII REGIONALNY RYNEK PRACY

DZIAŁANIE 7.1 POPRAWA SYTUACJI OSÓB BEZROBOTNYCH NA RYNKU PRACY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **DANE OBOWIĄZKOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IMIĘ (IMIONA)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAZWISKO** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **NAZWISKO RODOWE** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IMIĘ MATKI** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **IMIĘ OJCA** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATA URODZENIA** | | | | | | | | | | Dzień | | | | | | | |  | | | | | | | | |  | | | | | | | | Miesiąc | | | | |  | | | | | | |  | | | | | Rok | | | | | | |  | | | | | |  | | | | |  | | | | |  | | |
| **MIEJSCE URODZENIA** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBYWATELSTWO** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PESEL** | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
| **NIP** | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | - | | | | |  | | | | |  | | | |  | | | - | | | |  | | | | |  | | | | | | | | - | | | | | | |  | | | | |  | | | |
| **ADRES ZAMELDOWANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Ulica | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr budynku | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Nr lokalu | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Poczta | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gmina | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Powiat | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Województwo | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADRES ZAMIESZKANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Ulica | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr budynku | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Nr lokalu | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Poczta | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gmina | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Powiat | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Województwo | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADRES DO KORESPONDENCJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ulica | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr budynku | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nr lokalu | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Poczta | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gmina | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Powiat | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Województwo | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OŚWIADCZENIE O ZGODNOŚCI DANYCH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że dane zawarte powyżej są zgodne z dowodem osobistym albo innym dowodem tożsamości (jakim?) ……………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seria i nr dokumentu | | | | | | |  | | | |  | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | Data (dd-mm-rrrr) | | | | | | | | | | | | | | | | | |  | | |  | | - | | |  | | |  | | | - | | |  | |  | | |  | |  |
| Organ wydający | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce wydania | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data i podpis osoby składającej oświadczenie – stażysty:…………………………………………………**  Jednocześnie zobowiązuję się do każdorazowego powiadomienia Realizatora Stażu o zmianie wykazanych danych osobowych. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **URZĄD SKARBOWY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Oddział NFZ** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRAWO DO RENTY**  (zaznaczyć odpowiedni kwadrat znakiem „X”) | | | | | | | | | | | | | | | | | | | Mam ustalone prawo do renty  TAK ☐ NIE ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POSIADANE ORZECZENIE O STOPNIU NIEPEŁNOSPRAWNOŚCI**  Proszę załączyć ksero orzeczenia lekarskiego.  (zaznaczyć odpowiedni kwadrat znakiem „X”) | | | | | | | | | | | | | | | | | | | 1. Nie posiadam orzeczenia o stopniu   Niepełnosprawności ☐   1. Posiadam orzeczenie o stopniu niepełnosprawności w stopniu:  * lekkim ☐ * umiarkowanym ☐ * znacznym ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OŚWIADCZENIE O NUMERZE RACHUNKU BANKOWEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proszę o przekazywanie stypendium szkoleniowego, stażowego, zwrot kosztów dojazdu na poradnictwo zawodowe, pośrednictwo pracy, szkolenia, staż oraz zwrot kosztów opieki nad dzieckiem lub osobą zależną w czasie odbywania stażu na niżej podany rachunek bankowy:  Nazwa i adres Banku:………………………………………………………………………………………………  ……………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………..  Pełny Nr rachunku (26 cyfr wpisywanych bez spacji): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jednocześnie zobowiązuję się do każdorazowego powiadomienia Realizatora Stażu o zmianie rachunku bankowego. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Data i podpis osoby składającej kwestionariusz- stażysta