**Załącznik 3b. Deklaracja dla absolwenta, którego szkoła została zlikwidowana oraz osoby, która ukończyła KKZ w przypadku likwidacji podmiotu prowadzącego KKZ**

*Uwaga: deklaracja dotyczy egzaminu w jednej kwalifikacji, osoba przystępująca do egzaminu w więcej niż jednej kwalifikacji wypełnia deklarację dla każdej kwalifikacji osobno*

**🗌 Jestem** **absolwentem/ absolwentką**\* szkoły, która została zlikwidowana

*nazwa i adres szkoły:*....................................................................................................................................................................

**🗌 Ukończyłem/ukończyłam\*** kwalifikacyjny kurs zawodowy, który był prowadzony przez podmiot zlikwidowany

*miesiąc i rok ukończenia kwalifikacyjnego kursu zawodowego:*..................................................................................................

*prwadzony przez …*……………………………………………………………………………………………………………

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane osobowe absolwenta/ osoby, która ukończyła KKZ** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Imię (imiona): | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Data 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 korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | |  | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | |  | |  | | |  | | | | | | | | |  | | |  | |
| ulica i numer domu: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
|  | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| kod pocztowy i poczta: | | | | | | | |  | | | | |  | | | | ***-*** | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
|  | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| **nr telefonu**: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| **Adres poczty elektronicznej** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu zawodowego w terminie głównym**\*

🗌**w sesji Zima (deklarację składa się do 15 września 20… r.)**

🗌**w sesji Lato (deklarację składa się do 7 lutego 20… r.** lub w przypadku ponownego przystępowania po egzamine w sesji Zima – w czasie 7 dni od ogłoszenia wyników egzaminu**)**

**w kwalifikacji**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | . | |  |  | |  | |  | |  | |  |
|  | | | *symbol kwalifikacji zgodny  z podstawą programową szkolnictwa branżowego* | | | | | | | | | | | | | | |  |
|  | | | *nazwa kwalifikacji* |
|  | | | **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | | |
|  | |  | | | |  | |  | | |  | |  | |  | |  |  |
|  |  | | | | *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* |

**Do egzaminu będę przystępować**\*

🗌**po raz pierwszy** 🗌**po raz kolejny w części pisemnej** 🗌**po raz kolejny w części praktycznej**

Ubiegam się o dostosowanie warunków egzaminu\* ** TAK /  NIE**

Do deklaracji dołączam\*:

🗌Świadectwo ukończenia szkoły

🗌Zaświadczenie o ukończeniu KKZ

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

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

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