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| **Warmińsko-Mazurska Izba Rzemiosła i Przedsiębiorczości**  10-029 Olsztyn, ul. Prosta 38; tel: 0048 89 527 61 88  [www.izbarzem.olsztyn.pl](http://www.izbarzem.olsztyn.pl) [biuro@izbarzem.olsztyn.pl](mailto:biuro@izbarzem.olsztyn.pl) |  |  | **Nr akt**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WNIOSEK O DOPUSZCZENIE DO EGZAMINU CZELADNICZEGO**

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| **Nr ewidencyjny PESEL kandydata do egzaminu** | | | | | | | | | | |

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| **\*wniosek należy wypełnić czytelnie DRUKOWANYMI literami** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nazwisko** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Imię (pierwsze) Imię (drugie)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Data urodzenia (dzień - miesiąc - rok)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Miejsce urodzenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **województwo** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adres korespondencyjny kandydata: ulica / nr domu / nr lokalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | | | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **tel. stacjonarny (+ kierunek)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **tel. komórkowy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **adres e-mail** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Zawód, którego ma dotyczyć egzamin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Zakład, w którym ukończono naukę zawodu (dotyczy młodocianych pracowników odbywających naukę zawodu)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer Identyfikacji Podatkowej (NIP) zakładu pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nazwa zakładu pracy - imię i nazwisko właściciela lub współwłaścicieli** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | | | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **tel. stacjonarny (+ kierunek)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **tel. komórkowy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Naukę zawodu przedłużono lub skrócono do dnia: ( dzień – miesiąc – rok)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **L. dz.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Inne zakłady, w których realizowano naukę zawodu (nauka przerwana)**  **1) Numer Identyfikacji Podatkowej (NIP) zakładu pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nazwa zakładu pracy - imię i nazwisko właściciela lub współwłaścicieli** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adres: ulica / nr domu / nr lokalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2) Numer Identyfikacji Podatkowej (NIP) zakładu pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nazwa zakładu pracy - imię i nazwisko właściciela lub współwłaścicieli** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adres: ulica / nr domu / nr lokalu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3) Numer Identyfikacji Podatkowej (NIP) zakładu pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nazwa zakładu pracy - imię i nazwisko właściciela lub współwłaścicieli** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Miejscowość** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **kod pocztowy** | | | | | | | | | | **Poczta** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Załączniki:**  **Młodociani pracownicy:**   1. Świadectwo ukończenia zasadniczej szkoły zawodowej, lub ukończenia gimnazjum i zaświadczenie o ukończeniu kursu przygotowującego do egzaminu lub oświadczenie mistrza szkolącego o przygotowaniu teoretycznym kandydata do egzaminu. 2. Umowa o pracę w celu przygotowania zawodowego wraz z zaświadczeniem ukończenia nauki zawodu wystawionym przez pracodawcę i potwierdzonym przez cech (jeżeli pracodawca jest członkiem cechu). 3. W przypadku realizacji nauki zawodu u kilku pracodawców należy dołączyć wszystkie umowy o pracę wraz ze świadectwami pracy, a w przypadku zaliczenia nauki w szkole - zaświadczenie o okresie odbytej nauki zawodu.   **Kandydaci z wolnego naboru:**  1. Dokument(y) potwierdzający(e) wymagany okres wykonywania zawodu.  2. Świadectwo ukończenia szkoły.  3. Zaświadczenie ukończenia przygotowania zawodowego dorosłych  4. Dokument potwierdzający posiadanie tytułu zawodowego w zawodzie wchodzącym w zakres zawodu, w którym osoba zdaje egzamin.  5. Świadectwo potwierdzające kwalifikację w zawodzie, w którym osoba zdaje egzamin lub zaświadczenie zdania egzaminu sprawdzającego po ukończeniu przygotowania  zawodowego dorosłych.  6. Zaświadczenie o przynależności kandydata lub pracodawcy kandydata do cechu (dokument nie jest wymagany od właścicieli zakładów niezrzeszonych).  **Dodatkowo wszyscy kandydaci składają: f**otografię (aktualna, czytelnie podpisana, format legitymacyjny) i oryginał dowodu opłaty za egzamin z podaniem imienia i nazwiska zdającego, dokonanej **wyłącznie** na niżej podany rachunek bankowy.   * **Należy przedstawić oryginały dokumentów wraz z kopiami w celu ich uwierzytelnienia.** * **Osoby niepełnosprawne ubiegające się o dostosowanie warunków i formy przeprowadzenia egzaminu do indywidualnych potrzeb składają dodatkowe dokumenty informujące o powyższej sprawie.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nr rachunku bankowego, na który należy wpłacić opłatę za egzamin: 91 1240 5598 1111 0000 5025 9083** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Osoba składająca wniosek ponosi odpowiedzialność za treść złożonego oświadczenia z wszelkimi prawnymi konsekwencjami podania nieprawdziwych danych.

Zgodnie z Rozporządzeniem Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 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, ogólne rozporządzenie o ochronie danych (Dz. Urz. UE.L nr 119, str.1), niniejszym wyrażam zgodę na przetwarzanie moich danych osobowych obejmujących dane zawarte w powyższym wniosku przez Warmińsko-Mazurską Izbę Rzemiosła i Przedsiębiorczości w celu:

* przeprowadzenia egzaminu 🞎tak 🞎nie
* poinformowania o możliwości przystąpienia do egzaminu mistrzowskiego 🞎tak 🞎nie
* przekazywania informacji na temat realizowanych przez Izbę wraz z partnerami szkoleń 🞎tak 🞎nie

W związku z przetwarzaniem przez Warmińsko-Mazurską Izbę Rzemiosła i Przedsiębiorczości Pani/Pana danych osobowych, na podstawie art. 15-21 RODO przysługuje Pani/Panu, w prawnie uzasadnionych sytuacjach prawo dostępu do treści danych, prawo do sprostowania danych, prawo do usunięcia danych, prawo do ograniczenia przetwarzania danych, prawo do przenoszenia danych oraz prawo do wniesienia sprzeciwu wobec przetwarzania danych.

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| *(data)* |  | *(podpis kandydata)* |

Wypełnia Izba

Na podstawie złożonych dokumentów Izba stwierdza, iż w/w osoba spełnia poniższy warunek dopuszczający do egzaminu czeladniczego (rozporządzenie MEN  w sprawie egz. czeladniczego, egz. mistrzowskiego oraz egz. sprawdzającego, przeprowadzanych  przez komisje   egzaminacyjne izb rzemieślniczych (Dz.U. z 2017 r., poz.89, § 5):

* ukończyła naukę zawodu u rzemieślnika jako młodociany pracownik oraz dokształcanie teoretyczne młodocianych pracowników w szkole lub w formach pozaszkolnych;
* posiada świadectwo ukończenia gimnazjum albo ośmioletniej szkoły podstawowej oraz ukończyła kształcenie ustawiczne w formie pozaszkolnej, dotyczące umiejętności zawodowych wchodzących w zakres zawodu, w którym zdaje egzamin;
* jest uczestnikiem praktycznej nauki zawodu dorosłych, o której mowa w art. 53c ustawy z dnia 20 kwietnia 2004 r. o promocji zatrudnienia i instytucjach rynku pracy;
* posiada świadectwo ukończenia gimnazjum albo ośmioletniej szkoły podstawowej i co najmniej trzyletni okres wykonywania zawodu, w którym zdaje egzamin;
* posiada świadectwo ukończenia szkoły ponadgimnazjalnej albo dotychczasowej szkoły ponadpodstawowej, prowadzącej kształcenie zawodowe o kierunku związanym z zawodem, w którym zdaje egzamin;
* posiada tytuł zawodowy w zawodzie wchodzącym w zakres zawodu, w którym zdaje egzamin, oraz co najmniej półroczny okres wykonywania zawodu, w którym zdaje egzamin;
* posiada świadectwo ukończenia gimnazjum albo ośmioletniej szkoły podstawowej oraz zaświadczenie o zdaniu egzaminu sprawdzającego lub świadectwo potwierdzające kwalifikację w zawodzie, a także co najmniej roczny okres wykonywania zawodu, w którym zdaje egzamin, po uzyskaniu zaświadczenia o zdaniu egzaminu sprawdzającego lub świadectwa potwierdzającego kwalifikację w zawodzie.

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| *(data)* |  | *(podpis osoby przyjmującej wniosek)* |