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| **Załącznik Nr 1:** formularz zgłoszeniowy  **FORMULARZ ZGŁOSZENIOWY**  **„Rozwój kompetencji cyfrowych mieszkańców Gminy Nowy Targ*”.***  Realizowanego ze środków Unii Europejskiej w ramach Programu Operacyjnego Polska Cyfrowa na lata 2014-2020**,** Działanie 3.1 „Działania szkoleniowe na rzecz rozwoju kompetencji cyfrowych”.   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Dane uczestnika** | | | | | | | | | | | | | | Imię |  | | | | | | | | | | | | | Nazwisko |  | | | | | | | | | | | | | Kraj |  | | | | | | | | | | | | | Rodzaj uczestnika |  | | | | | | | | | | | | | Nazwa i adres instytucji/organizacji |  | | | | | | | | | | | | | PESEL |  |  |  |  |  |  |  |  |  |  |  | | Płeć | 🞎Kobieta 🞎Mężczyzna | | | | | | | | | | | | | Wiek w chwili przystąpienia do projektu |  | | | | | | | | | | | | | Wykształcenie | 🞎 niższe niż podstawowe  🞎 podstawowe  🞎 gimnazjalne  🞎 ponadgimnazjalne  🞎 policealne  🞎 wyższe | | | | | | | | | | | | | **Dane kontaktowe (adres zamieszkania)** | | | | | | | | | | | | | | Województwo |  | | | | | | | | | | | | | Powiat |  | | | | | | | | | | | | | Gmina |  | | | | | | | | | | | | | Miejscowość |  | | | | | | | | | | | | | Ulica |  | | | | | | | | | | | | | Nr budynku |  | | | | | | | | | | | | | Nr lokalu |  | | | | | | | | | | | | | Kod pocztowy |  | | | | | | | | | | | | | Telefon kontaktowy |  | | | | | | | | | | | | | Adres e-mail |  | | | | | | | | | | | | | **Szczegóły wsparcia** | | | | | | | | | | | | | | Data rozpoczęcia udziału w projekcie |  | | | | | | | | | | | | | Data zakończenia udziału w projekcie |  | | | | | | | | | | | | | Status osoby na rynku pracy w chwili przystąpienia do projektu | 🞎 osoba bezrobotna niezarejestrowana w ewidencji urzędu pracy  🞎 osoba bezrobotna zarejestrowana w urzędzie pracy  🞎 osoba bierna zawodowo  🞎 osoba pracująca | | | | | | | | | | | | | w tym | 🞎osoba pracująca w administracji samorządowej  🞎 osoba pracująca w administracji rządowej  🞎 osoba pracująca w organizacji pozarządowej  🞎 osoba pracująca w MMŚP  🞎 osoba prowadząca działalność na własny rachunek  🞎 osoba pracująca w dużym przedsiębiorstwie  🞎 inne | | | | | | | | | | | | | Wykonywany zawód |  | | | | | | | | | | | | | Miejsce zatrudnienia |  | | | | | | | | | | | | | Rodzaj przyznanego wsparcia |  | | | | | | | | | | | | | **Status uczestnika projektu w chwili przystąpienia do projektu** | | | | | | | | | | | | | | Osoba należąca do mniejszości narodowej lub etnicznej, migrant, osoba obcego pochodzenia | 🞎NIE  🞎 TAK  🞎 ODMOWA PODANIA INFORMACJI | | | | | | | | | | | | | Osoba bezdomna lub dotknięta wykluczeniem z dostępu do mieszkań | 🞎 NIE  🞎 TAK | | | | | | | | | | | | | Osoba z niepełnosprawnościami | 🞎 NIE  🞎 TAK  🞎 ODMOWA PODANIA INFORMACJI | | | | | | | | | | | | | Osoba w innej niekorzystnej sytuacji społecznej | 🞎 NIE  🞎 TAK  🞎 ODMOWA PODANIA INFORMACJI | | | | | | | | | | | |   **OŚWIADCZENIA**  Ja niżej podpisana/podpisany oświadczam, że:   1. zostałam/zostałem poinformowana/poinformowany, że Projekt jest współfinansowany przez Unię Europejską w ramach PO Polska Cyfrowa na lata 2014-2020. 2. spełniam kryteria kwalifikowalności uprawniające do udziału w projekcie, a dane przedstawione przeze mnie w formularzu zgłoszeniowym odpowiadają stanowi faktycznemu i pozostają aktualne na dzień podpisania niniejszego formularza, 3. zapoznałam/zapoznałem się z zasadami udziału w w/w projekcie zawartymi w Regulaminie projektu i zgodnie z wymogami jestem uprawniona/uprawniony do uczestnictwa w nim.   Jednocześnie akceptuję warunki Regulaminu.  ……………………………………………………… ………………………………………….………  MIEJSCOWOŚĆ I DATA CZYTELNY PODPIS UCZESTNIKA PROJEKTU   |  | | --- | |  | |