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| **KARTĘ NALEŻY WYPEŁNIĆ DRUKOWANYMI LITERAMI** |
| **KARTA Z NIECZYTELNYMI LUB NIEPEŁNYMI DANYMI NIE PODLEGA KWALIFIKACJI** |

**ODDZIAŁ PIELĘGNIARSTWA I POŁOŻNICTWA**

**WYDZIAŁU NAUK o ZDROWIU**

**UNIWERSYTETU MEDYCZNEGO w ŁODZI ul. G. NARUTOWICZA nr 58**

#### KARTA ZGŁOSZENIA

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| --- | --- | --- | --- | --- |
| **KURS KWALIFIKACYJNY** | | **\*\*** | **KURS SPECJALISTYCZNY** | **\*\*** |
| Zakres/ dziedzina kształcenia |  | | | | |
| Termin i miejsce |  | | | | |

Część I

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Imię/imiona | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| Nazwisko | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| Imię ojca | | |  |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | |  | |  | | | **Nazwisko rodowe** | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | | | | |  | | |  | | | | |  |
| **Data urodzenia** | |  | | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | **miejsce urodzenia** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | | |  | | |  | | | | |  | | | | | |  | | |  | | | | |  | |
| **Adres zamieszkania** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **kod** | | | | | |  | | | |  | | | | **-** | | |  | | | | | |  | | | | | |  | | | | | | **miejscowość** | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | |
| ulica: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nrdomu: | | | | | | | | | | | | | |  | | | | | | | | | | | | | nr mieszkania: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **nr tel. stacjonarnego:** | | | | | | | | | | | | | | | | | | | | | nr tel. komórkowego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | e-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adres do korespondencji:** | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | | | |  | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | |

Część II

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| **Rodzaj ukończonej szkoły pielęgniarskiej/ położnej (\*)** |  | | | | | | | | Uzyskany tytuł | | | |  | | | | | |
| **Rok uzyskania dyplomu**  **pielęgniarki/ położnej (\*)** | | | | **Zaświadczenie o prawie wykonywania zawodu pielęgniarki/ położnej (\*)** | | | | | Rok wydania | | | | | | | | | |
|  | | | | Wydane przez: | | | | | | | | | |
| **Numer prawa wykonywania zawodu** | |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Numer rejestru | |  |  | | **-** |  |  | **-** | |  |  |  | |  |  |  |  |  |
| Numer prawa wykonywania zawodu | |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |

Część III

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| Miejsce pracy/ nazwa zakładu pracy | | | |  |  | |  | |  | | |  | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | |  | |  | | |  | |  | |  | | |  | | |  | |
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| **kod** |  | |  | **-** | |  | |  | |  | | **miejscowość** | | | | |  | | | | | | | | | | | | | | **ulica** | | | | | | | | | | | | | | | | | Nr | | | |
| **Stanowisko w miejscu pracy/oddział** | | | | | | | | | | |  | |  | |  |  | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  |  | | |  | |  |
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| **Staż pracy ogółem** | |  | | | | **Staż pracy w dziedzinie**  **kursu** | | | | | | | | | | | | | | | **Nr telefonu zakładu pracy/ e-mail:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tak** | | **Nie** | | | | **Wyrażam zgodę na przetwarzanie moich danych osobowych dla celów kształcenia podyplomowego organizowanego przez Oddział Pielęgniarstwa i Położnictwa Wydziału Nauk o Zdrowiu Uniwersytetu Medycznego w Łodzi** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**(\*) niepotrzebne skreślić (\*\*) zaznacz właściwe krzyżykiem**

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