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

**WNIOSEK O DOPUSZCZENIE DO EGZAMINU FRYZJERSKIEGO PRÓBNEGO**

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

**Nauka zawodu u rzemieślnika odbywa**

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(Proszę wpisać dni tygodnia)

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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, kod pocztowy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Numer telefonu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **adres e-mail** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Cech, w którym zawarta była umowa o naukę zawodu-PIECZĄTKA CECHU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Zakład, w którym odbywa się 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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| **Adres: 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | **-** | | | | | | |  | | | | |  | | | | |  | | | | | **-** | | | | | | |  | | | | |  | | | | | **-** | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | **-** | | | |  | | | |  | | | |  | | | | **-** | | | |  | | | |  | | |  | | |  | | |
| **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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| **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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| **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:**   1. **Potwierdzenie wniesienia opłaty za egzamin próbny dokonanej wyłącznie na niżej podany rachunek bankowy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nr rachunku bankowego, na który należy wpłacić opłatę za egzamin: 38 8838 0005 2017 0901 0896 0001 Bank Spółdzielczy w Szczytnie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Szanowna/y Pani/Panie, prosimy zapoznać się z poniższą treścią i zaznaczyć odpowiednie pole wyboru wrażenie zgody na przetwarzanie danych osobowych zawartych we wniosku o dopuszczenie do egzaminu. Wyrażenie zgody jest dobrowolne i nie wpływa na realizację usług związanych z przeprowadzeniem egzaminu.

Administratorem Danych Osobowych, przekazanych przez Panią/Pana, jest Warmińsko-Mazurska Izba Rzemiosła i Przedsiębiorczości ul. Prosta 38 10-029 Olsztyn

* Wyrażam zgodę na przetwarzanie moich danych osobowych, zawartych we wniosku (formularzu), w celu marketingu usług i produktów własnych Administratora.

Na podstawie powyższej zgody będziemy mogli przesyłać Państwu pocztą tradycyjną oferty marketingowe.

* Wyrażam zgodę na otrzymywanie informacji handlowej drogą elektroniczną na adres, podany we wniosku (formularzu), dotyczącej usług i produktów własnych Administratora. Na podstawie powyższej zgody będziemy mogli przesyłać Państwu pocztą elektroniczną oferty handlowe produktów i usług własnych.
* Wyrażam zgodę na otrzymywanie informacji handlowej drogą elektroniczną na adres poczt elektronicznej, podany we wniosku (formularzu), dotyczącej usług i produktów podmiotów trzecich z którymi współpracuje Administrator.

Na podstawie powyższej zgody będziemy mogli przesyłać Państwu pocztą elektroniczną oferty handlowe usług podmiotów, ż którymi Administrator nawiązał współpracę.

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**Podpis osoby składającej oświadczenie woli**

**Klauzula informacyjna:**

Mając na uwadze przepisy wynikające z Rozporządzenia Parlamentu Europejskiego i Rady (UE) z dnia 27 kwietnia 2016 roku w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych (dalej RODO), przekazujemy Państwu informacje o przetwarzanych przez nas danych.

**Administrator Państwa danych osobowych.**

Administratorem Danych Osobowych jest Warmińsko-Mazurska Izba Rzemiosła i Przedsiębiorczości ul. Prosta 38 10-029 Olsztyn (zwany dalej Administratorem).

Można się z nami skontaktować w siedzibie, listownie lub osobiście pod adresem e-mail: biuro@izbarzem.olsztyn pl , lub tel. 89 5276188

**Cele i podstawy przetwarzania.**

Będziemy przetwarzać Państwa dane osobowe w celu:

1. prawidłowej realizacji usług określonych w Regulaminie (art. 6 ust 1 lit b RODO),
2. monitorowania jakości świadczonych usług (art. 6 ust 1 lit f RODO),
3. wystawienia faktury, rachunku lub prowadzenia sprawozdawczości finansowej (art. 6 ust 1 lit c RODO),
4. dochodzenia roszczeń lub obrony interesów prawnych **Administratora** (art. 6 ust 1 lit f RODO),
5. wywiązania się przez **Administratora** z obowiązków prawnych wynikających z powszechnie obowiązujących przepisów (art. 6 ust 1 lit c RODO),
6. marketingu własnych towarów i usług oraz marketingu towarów i usług podmiotów trzecich, z którymi **Administratora** współpracuje bezpośrednio lub pośrednio w związku z świadczonymi usługami w oparciu o odrębnie udzielone przez Panią/Pana zgody lub w oparciu o prawnie uzasadnione interesy Administratora lub podmiotów trzecich (art. 6 ust 1 lit a, f RODO);

**Przetwarzanie na podstawie uzasadnionych interesów Administratora**

Szanując Państwa prawa i wolności oraz interesy Administratora polegające na ciągłym dążeniu do podniesienia jakości świadczonych usług uznaliśmy, że sporadyczne kontaktowanie się w celu monitorowania jakości świadczonych usług w tym badania Państwa losów zawodowych, nie będzie ingerować nadmiernie w Państwa prywatność, ani nie będzie stanowić nadmiernej uciążliwości.

Decydując się na takie działanie uwzględniliśmy następujące okoliczności:

* składając wniosek (formularz), zawarli Państwo umowę na świadczenie określonej usługi wobec tego to naturalne, że oczekiwaliście Państwo jej realizacji;
* oczywistym jest również, że Administrator dba i dąży do podwyższania jakości świadczonych usług, a Państwo będziecie najlepszym ich recenzentem;
* wychodząc naprzeciw Państwa oczekiwaniom uznaliśmy, że będziecie zainteresowani pozostałą naszą ofertą i realizowanymi usługami.

W ramach marketingu i monitoringu naszych usług i podmiotów trzecich nie przekazujemy nikomu Państwa danych osobowych, w ten sposób ograniczamy krąg osób mających do nich dostęp.

Zapewniamy przy tym, że ochronimy Państwa prywatność, poprzez:  
-- korzystanie jedynie z danych dotyczących sfery zawodowej Państwa życia. Interesuje nas jedynie to, co dotyczy pracy, a nie życie prywatne;  
-- korzystamy jedynie z danych, które Państwo powierzyli nam w trakcie zlecania wykonania usługi.

**Odbiorcy danych osobowych.**

Odbiorcami Państwa niektórych danych osobowych będą następujące kategorie podmiotów:

1. podmioty, z którymi **Administrator** współpracuje bezpośrednio lub pośrednio w związku z świadczonymi usługami – w zakresie niezbędnym do prawidłowej realizacji zamówienia; przypominamy, że **Administrator** udostępnia Pani/Pana dane osobowe wyłącznie w zakresie i dla celów związanych z realizacją usługi;
2. podmioty współpracujące z **Administratorem** dla potrzeb należytego funkcjonowania, jak również świadczenia usług lub wykonania umów, w tym dostawcy usług technicznych (tacy jak firmy telekomunikacyjne, hostingowe, właściciele serwerów i przestrzeni, w których przechowywane są dane, podmioty oferujące usługi związane z prowadzeniem działań promocyjnych przez Internet);
3. podmioty świadczące na rzecz **Administratora** czynności z zakresu rachunkowości i sprawozdawczości finansowej;
4. organy władzy publicznej oraz podmioty wykonujące zadania publiczne lub działające na zlecenie organów władzy publicznej, w zakresie i w celach, które wynikają z przepisów prawa;
5. inni usługodawcy zewnętrzni przy pomocy których **Administrator** prowadzi swoją działalność;
6. odbiorcy z obszaru EOG, w ramach ratyfikowanych przez **Administratora** porozumień, bez Państwa zgody nie będą udostępniane dane osobowe poza obszar EOG.

**Okres przechowywania danych.**

Będziemy przechowywać Państwa dane osobowe do chwili cofnięcia na ich przetwarzanie, zgłoszenia żądania ich usunięcia lub innego podobnego żądania.

Dane będą przetwarzane przez czas wymagany przez przepisy prawa, dochodzenia, wykonywania lub obrony roszczeń prawnych Administratora. Dane osobowe będą przechowywane z zachowaniem niezbędnych środków technicznych i organizacyjnych umożliwiających odpowiednie ich zabezpieczenie w celu ochrony Państwa praw i wolności;

**Prawa osób, których dane dotyczą.**

Na podstawie  RODO przysługuje Państwu:

1. prawo dostępu do swoich danych oraz otrzymania ich kopii;
2. prawo do sprostowania (poprawiania) swoich danych;
3. prawo do usunięcia danych osobowych;
4. prawo do ograniczenia przetwarzania danych;
5. prawo do wniesienia sprzeciwu;
6. prawo do przenoszenia danych;
7. prawo do cofnięcia zgody na przetwarzanie danych osobowych wyrażonej na podstawie art. 6 ust 1 lit a RODO;
8. prawo do wniesienia skargi do Prezes UODO (na adres Urzędu Ochrony Danych Osobowych, ul. Stawki 2, 00 - 193 Warszawa).

**Obowiązek podania danych.**

Podanie przez Państwa danych jest dobrowolne, ale proszę wziąć pod uwagę, że są one niezbędne do realizacji przez **Administratora** usług.

**Zautmatyzowane podejmowanie decyzji.**

W stosunku do Państwa danych nie będą przetwarzane w sposób zautomatyzowany.

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|  | Podpis kandydata |