FORMULARZ ZGŁOSZENIOWY UCZESTNICTWA W EGZAMINIE CENTRALNYM   
DLA **POŁOŻNYCH** REALIZUJĄCYCH PROGRAM   
**PROFILAKTYKI RAKA SZYJKI MACICY**

**Formularz proszę wypełnić i wysłać pocztą e-mail na adres:** [**konferencje@coi.pl**](mailto:konferencje@coi.pl)

1. Imię i nazwisko:

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2 Adres zamieszkania:

*Kod*

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*Miejscowo*ść

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*Ulica, numer domu, numer mieszkania*

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*Województwo*

4.Adres e-mail:

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3.Kontakt telefoniczny:

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4.Nazwa i adres miejsca pracy:

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5. Numer prawa wykonywania zawodu:

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6.Staż pracy:………………………………………………………………………………………………

Czy była Pani uczestnikiem wcześniejszych edycji KURSU ***DOKSZTAŁCAJĄCEGO W ZAKRESIE UMIEJĘTNOŚCI POBIERANIA ROZMAZÓW CYTOLOGICZNYCH DLA POTRZEB PROGRAMU* ? TAK/NIE**

**Jeśli TAK, to proszę podać rok i miejsce przeprowadzonego KURSU……………………………**

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***Wyrażam zgodę na przetwarzanie moich danych osobowych dla potrzeb przeprowadzenia i organizacji egzaminu centralnego dla położnych na podstawie art.23 ust.1 pkt.2 ustawy z dnia 29 sierpnia 1997 roku o ochronie danych osobowych (Dz. U. z 2016 r., poz.922).***

*Administratorem danych osobowych jest organizator centralnego egzaminu.*

Prosimy o wypełnienie zgłoszenia drukowanymi literami

*…………………………………………….*

*data i podpis*