

Projekt „**NOWE KIERUNKI – NOWE MOŻLIWOŚCI” nr RPLD.11.03.01-10-0007/20** współfinansowany z Europejskiego Funduszu Społecznego w ramach Regionalnego Programu Operacyjnego Województwa Łódzkiego na lata 2014-2020

FORMULARZ REKRUTACYJNY- ANKIETA DANYCH OSOBOWYCH

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tytuł projektu: | | | | | | | | | **“NOWE KIERUNKI – NOWE MOŻLIWOŚCI”** | | | | | | | | | | | | | | | | | | |
|
| Nr projektu: | | | | | | | | | **RPLD.11.03.01-10-0007/20** | | | | | | | | | | | | | | | | | | |
|
|  | | |  | | **Dane podstawowe uczestnika/czki** (DRUKOWANE LITERY) | | | | | | | | | | | | | | | | | | | |  | | |
| Imię/Imiona | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Nazwisko | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| PESEL | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | | | | | |  | | |
| Płeć | | | | |  | | |  kobieta | | |  | | |  | | | |  mężczyzna | | | | | | |  | | |
| Wykształcenie | | | | |  | | |  brak | | |  podstawowe | | | | | | | gimnazjalne | | | | | | | | | |
|  | | |  ponadgimnazjalne | | | | | | policealne | | | | | | | wyższe | | | | | | |
|  | | |  | |  | | |
|  | | |  | |  | | | DANE KONTAKTOWE | | | | | | | | | | | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Kraj | | | | |  | | | POLSKA | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Województwo | | | | |  | | | ŁÓDZKIE | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | |  | |  | | |  | | |  | | | | | | | | | |  | | | |  | | |
| Powiat | | | | |  | | |  | | |  | | | | | | | | | |  | | | |  | | |
|  | | |  | | |  | | | | | | | | | |  | | | |  | | |
| Gmina | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Miejscowość | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Ulica | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Numer budynku | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Numer lokalu | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Kod pocztowy | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Telefon kontaktowy | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| Adres e-mail | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
|  | | **Status uczestnika/ki na rynku pracy w chwili przystępowania do projektu** | | | | | | | | | | | | | | | | | | | |  | | | |  |  |
| Osoba bezrobotna | | | |  TAK | |  NIE | | | |  | | |  | | | |  | | | | |  | | | |  |  |
|  | |  | |  osoba niezarejestrowana w ewidencji urzędu pracy | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | |  | |  |  |
|  | |  | |  osoba zarejestrowana w ewidencji urzędu pracy | | | | | | | | | | | | | | | | | |  | | | |  |  |
|  | | w w tym | |  | | | |  |  |
|  | |  | |  osoba długotrwale bezrobotna (*ponad 12 miesięcy)* | | | | | | | | | | | | | | | | | |  | | | |  |  |
| Osoba bierna zawodowo | | | |  TAK | |  NIE | | | |  | | |  | | | |  | | | | |  | | | |  |  |
|  | | w w tym | |  osoba ucząca się | | | | | |  inne | | | | | | | | | | | |  | | | |  |  |
|  | |  osoba nieuczestnicząca w kształceniu lub szkoleniu | | | | | | | | | | | | | | | | | | | | | |  |  |
| Osoba pracująca | | | |  TAK | |  NIE | | | |  w mikro przedsiębiorstwie | | |  w małym przedsiębiorstwie | | | |  w średnim przedsiębiorstwie | | | | |  w dużym przedsiębiorstwie | | | |  |  |
| Zatrudniona w  (nazwa zakładu) | | | |  | | | | | | | | | | | | | | | | | | | | | |  |  |
| Wykonywany zawód | | | |  | | | | | | | | | | | | | | | | | | | | | |  |  |
| **Status uczestnika/ki w chwili przystępowania do projektu** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Osoba należąca do mniejszości narodowej lub etnicznej, migrant, osoba obcego pochodzenia | | | | | | | | | | | | | |  TAK | | | | |  NIE | | | | | | | |
|  |  | | | | |  | | | |  | | | |
|  | Osoba bezdomna lub dotknięta wykluczeniem z dostępu do mieszkań, | | | | | | | | | | | | | |  TAK | | | | |  NIE | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |
|  | Osoba z niepełnosprawnościami | | | | | | | | | | | | | |  TAK | | | | |  NIE | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | |
|  | Osoba w innej niekorzystnej sytuacji społecznej (innej niż wymienione powyżej) | | | | | | | | | | | | | |  TAK | | | | |  NIE | | | | | | | |
| Kwalifikacja do obszaru wg stopnia urbanizacji | | | | | | |  DEGURBA 1 | | | | | | | | | | | | | | | | | | | | |
| ***(wypełnia Pracownik projektu zgodnie z SL2014)*** | | | | | | |  DEGURBA 2 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  DEGURBA 3 | | | | | | | | | | | | | | | | | | | | |
| PRZYNALEŻNOŚĆ DO GRUPY DOCELOWEJ - OŚWIADCZAM, ŻE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| Mam miejsce zamieszkania na terenie powiatu tomaszowskiego | | | | | | | | | | | | | | | |  TAK | | | | | | |  NIE | | | | |

Pouczony/a i świadomy/a odpowiedzialności za składanie oświadczeń niezgodnych z oświadczam, że wszystkie podane wyżej informacje są zgodne ze stanem faktycznym.

…..……………………...... …………….……......…………………………………

*Miejscowość, data Czytelny podpis Uczestnika/czki projektu*