

Personal data of CO-OP program's participant

Name:	
Second name:	
Surname:	
Family name:	
Personal Identification Number:	
No Personal Identification Number:	YES / NO (mark as appropriate)
Date of birth (DAY-MONTH-YEAR):	
Place of birth:	
Gender:	M / F (mark as appropriate)
The number and series of the identity card or, if not available, the number of the passport or other document confirming the citizen's identity:	
Address of residence:	
Country:	
Voivodeship:	
Powiat:	
County:	
City:	
Postal code:	
Street:	
Building number:	
Flat number:	
Contact address (of other than the address of residence):	
Country:	

Voivodeship:	
Poviat:	
County:	
City:	
Postal code:	
Street:	
Building number:	
Flat number:	
Telephone number:	
E-mail address:	
Education:	
The participant's status in the labor market at the time of entry into the project (e.g., economically inactive, i.e., among others, full-time student):	
including: job performed:	
Employed at:	
The participant's status at the moment of entry into the project (mark as appropriate):	
Disabilities:	YES / NO (if YES, the degree of disability should be provided)

I declare that the information I have submitted above is consistent with the facts. I am aware of the criminal liability for making a false statement. I undertake to notify in writing of all changes to the personal information contained in the statements within 3 days from the date of the change.

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Place, date and student's legible signature