Директору

АНО ДПО «Центр охраны труда»

О.А. Фроловой

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(фамилия)

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(имя)

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(отчество)

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( дата рождения)

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 (образование)

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 (СНИЛС)

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ЗАЯВЛЕНИЕ

Прошу зачислить меня в учебную группу для прохождения профессионального обучения /повышения квалификации/профессиональной переподготовки по профессии: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Документы об образовании и заключение медицинской комиссии представлены.

С Уставом АНО ДПО «Центр охраны труда», лицензией и правилами внутреннего распорядка обучающиеся ознакомлен.

Подтверждаю свое согласие на обработку персональных данных обучающихся, указанных в настоящем заявлении, в соответствии с п.3 статьи 3 ФЗ от 27.07.2006 № 152 -ФЗ "О персональных данных".

Оплату гарантирую.

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 «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. (подпись)