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|  | **Руководителю Учебного Центра** |
|  | **От** |
|  | фамилия |
|  |  |
|  | имя отчество |
| **Заявка на обучение** | |

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| Прошу принять меня на обучение с использованием технологий дистанционного и электронного обучения по программе: | | | | |
|  | | | | |
| Обучение будет проводится: | | | |  |
|  | в Учебном центре |  | дистанционно | Вид обучения (необходимое выбрать)  (первичное /повышение квалификации /очередное): |
| Производственная практика: | | | |  |
|  | Предоставляется  Учебным центром |  | Самостоятельное прохождение |  |

**Данные учащегося**

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Организация |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Должность  (Профессия) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата рождения |  |  | . |  |  | . |  |  |  |  |  | Образование |  |
|  | д | д |  | м | м |  | г | г | г | г |  |  | (среднее, среднее специальное, высшее, др.) |

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| Паспорт |  |  |  |  |  |  |  |  |  |  |  |  |  | выдан |  |  | . |  |  | . |  |  |  |  |
|  | серия | | | |  | номер | | | | | | | |  | д | д |  | м | м |  | г | г | г | г |
| Кем выдан |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Адрес |  |
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| e-mail |  |  |  |  |  |  |  |  |  |  | @ |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Согласен(на) с обработкой и хранением моих персональных данных (п.4 ст.9 Федерального закона от 27.07.2006 № 152-ФЗ «О персональных данных»)** | Подпись |  |