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| Žiadosť o poskytnutie finančnej podpory na starostlivosť o dieťa vo veku od 3 do 5 rokov v detskej skupine **NP Príspevok na starostlivosť o dieťa v menej rozvinutom regióne /**  **NP Príspevok na starostlivosť o dieťa vo viac rozvinutom regióne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Údaje v žiadosti vypĺňajte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A** | | | | | | | ***Údaje o žiadateľovi (rodič alebo iná fyzická osoba, ktorej je dieťa zverené do starostlivosti rozhodnutím súdu)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Priezvisko | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | |  | | |  | | |  | | Meno | | | | | | | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | | Rodinný stav 1) | | | | | | | | | | | | | | | | | |  |
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|  | | Dátum narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rodné číslo  (Identifikačné číslo) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Pohlavie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |
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|  | | Adresa trvalého pobytu v SR 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Adresa prechodného pobytu v SR 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |
|  | | Ulica | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | číslo | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| E-mailová adresa:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Prechodný pobyt povolený **od** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **do** | | |  | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **B** | | | | | | | ***Žiadateľ vykonáva zárobkovú činnosť ako*** (označte podľa vzoru) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | | | |  | | | | | **samostatne** **zárobkovo** **činná** **osoba** 4) (uveďte druh činnosti, ktorú vykonávate a názov a adresu pracoviska) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **C** | | | | | | | ***Žiadateľ je študentom v dennej forme*** (označte podľa vzoru) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | Vysokej školy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | |  |  | | | | Adresa školy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **D** | | | | | | | ***Údaje o druhom rodičovi dieťaťa alebo o druhom náhradnom rodičovi dieťaťa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Priezvisko | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | | Meno | | | | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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|  | | Dátum narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Rodné číslo | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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|  | | Adresa trvalého pobytu v SR 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Adresa prechodného pobytu v SR 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |
|  | | Ulica | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | číslo | | | | | | | | | |  | | | | | | | | | | | | | |  |
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|  | | PSČ | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Obec | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **E** | | | | | | | ***Žiadateľ na dieťa, ktoré je v detskej skupine*** (označte podľa vzoru) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | poberá materské alebo obdobnú dávku v cudzine  Áno  Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | poberá rodičovský príspevok alebo obdobnú dávku v cudzine  Áno  Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | poberá príspevok na starostlivosť o dieťa alebo obdobnú dávku v cudzine  Áno  Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **F** | | | | | | | ***Údaje o dieťati, na ktoré si žiadateľ uplatňuje nárok***  ***na poskytnutie finančnej podpory na starostlivosť o dieťa v detskej skupine*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Priezvisko | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | Meno | | | | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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|  | | Dátum narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | Rodné číslo  (Identifikačné číslo) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  |
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| **G** | | | | | | ***Údaje o poskytovateľovi – fyzickej osobe 5)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | Meno | | | | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  | | Dátum narodenia | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
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|  | Adresa trvalého pobytu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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|  | Adresa poskytovania starostlivosti | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| **H** | | | | | | | ***Výška dohodnutej úhrady 6)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **CH** | | | | ***Spôsob výplaty*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Na účet v banke v SR | | | | | | | | | | | | | Číslo účtu | | | | | | | |  | | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | | |  | | Kód banky | | | | | |  | |  | |  | |  | |  | |
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|  | | V prípade neuvedenia účtu sa príspevok vyplatí/bude vyplácať v hotovosti na adresu trvalého pobytu  v  SR/prechodného pobytu v SR\*.  \*nehodiace sa prečiarknuť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **I** | | | | | ***Súhlas so spracovaním osobných údajov žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Úrad práce, sociálnych vecí a rodiny - IČO 30794536 - spracúva Vaše osobné údaje (vrátane osobných údajov spoločne posudzovaných osôb) v zmysle zákona č. 561/2008 Z. z. o príspevku na starostlivosť o dieťa a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci. V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **J** | | | | | ***Správnosť údajov porovnal s originálom*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | |  | |  |  | |  | |  |  |  |  |  | |  | |  | |  | |  | |  |
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|  | | | Priezvisko | | | | |  | | | | | | | | | | | | | | | | | | | | | Meno | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |
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|  | | | Dátum porovnania | | | | | | | |  | | | | | | | | |  | |  | |  | |  | | |  | | | Podpis zamestnanca | | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  | |  | |  | |  | |  |
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|  | **I. Číselné odkazy k vyplňovaniu žiadosti o príspevok na starostlivosť o dieťa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. napr.: vydatá/ženatý, slobodná/slobodný, rozvedená/rozvedený, vdova/vdovec 2. príslušný druh pobytu v SR, pričom prechodný pobyt platí len pre cudzincov 3. osoba s osobitnou ochranou uvedie miesto ubytovania, kde sa obvykle zdržiava 4. napr. podnikanie v poľnohospodárskej výrobe, lesnom a vodnom hospodárstve, živnosť, podnikanie vykonávané na základe iného ako živnostenského oprávnenia (podľa zákona o advokácii, zákona o daňových poradcoch, zákona o notároch), spoločník verejnej obchodnej spoločnosti, osoba vykonávajúca osobnú asistenciu občanovi s ťažkým zdravotným postihnutím, znalec, tlmočník.   Kolónku nevypĺňa migrujúci občan členského štátu EÚ bez trvalého alebo prechodného pobytu v SR, ktorý vykonáva zárobkovú činnosť ako SZČO z dôvodu, že Nariadenie Európskeho parlamentu a Rady (EÚ) č. 492/2011 o slobode pohybu pracovníkov v rámci Únie sa vzťahuje v uvedenom prípade iba na zamestnancov.   1. § 32a) ods. 5 zákona č. 448/2008 o sociálnych službách 2. žiadateľ uvedie sumu uvedenú v písomnej zmluve s poskytovateľom sociálnej služby v detskej skupine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **II. K žiadosti o príspevok na starostlivosť o dieťa žiadateľ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Za účelom porovnania údajov uvedených v tejto žiadosti predloží:**   * občiansky preukaz (identifikačná karta) žiadateľa, * cestovný doklad a doklad o povolení na trvalý alebo prechodný pobyt na území Slovenskej republiky žiadateľa a dieťaťa – cudzinci, * doklad o pridelení statusu osoby s osobitnou ochranou u žiadateľa a u dieťaťa   **Doloží ďalšie doklady a potvrdenia:**   * zmluva o poskytovaní sociálnej služby uzatvorenej podľa § 74 zákona o sociálnych službách a § 51 Občianskeho zákonníka   ***Poznámka****:*  *Úhrada výdavkov za každé dieťa osobitne je uvedená v zmluve o  poskytovaní sociálnej služby medzi poskytovateľom a rodičom/žiadateľom o príspevok.*   * právoplatné rozhodnutie súdu o zverení dieťaťa do starostlivosti nahrádzajúcej starostlivosť rodičov alebo o zverení dieťaťa druhému rodičovi (náhradná osobná starostlivosť, pestúnska starostlivosť, poručníctvo, predosvojiteľská starostlivosť) * potvrdenie žiadateľa o návšteve strednej školy alebo vysokej školy v dennej forme štúdia (žiadateľ predkladá iba v prípade štúdia v cudzine), * doklad preukazujúci vykonávanie zárobkovej činnosti (živnostenský list, aktuálna pracovná zmluva, v prípade staršej pracovnej zmluvy aktuálny doklad zamestnávateľa o vykonávaní zárobkovej činnosti) žiadateľ predkladá iba v prípade jeho vykonávania mimo územia SR   ***Poznámka:***  *V prípade predloženia dokladu o výkone zárobkovej činnosti mimo územia SR sa vyžaduje jeho úradný preklad.*   * potvrdenie o nároku na materské, rodičovský príspevok, príspevok na starostlivosť o dieťa, uvedené v časti „F“ sa vyžaduje len v prípade nároku na materské, rodičovský príspevok, príspevok na starostlivosť o dieťa , na ktoré vznikol nárok a bol vyplácaný v cudzine.   ***Poznámka****:*  *V prípade predloženia dokladu o poberaní materského, rodičovského príspevku, príspevku na starostlivosť o dieťa z cudziny alebo*  *obdobnej dávky z cudziny sa vyžaduje jeho úradný preklad.*   * doklad preukazujúci povinné dôchodkové poistenie samostatne zárobkovo činnej osoby, * prípadne iné doklady vyžiadané platiteľom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

***Údaje pre kartu účastníka***

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| **Osobné údaje** | **Zamestnanecké postavenie**  *povinný výber jednej hodnoty* | **V deň vstupu do aktivity** | **V deň výstupu z aktivity** | **6 mesiacov po výstupe z aktivity** |
| **zamestnaná osoba, vrátane SZČO (Z)** | | |
| áno  nie | áno  nie | áno  nie |
| **nezamestnaná osoba (NZ)** | | |
|  | áno  nie | áno  nie |
| **neaktívna osoba (NA)** | | |
| áno  nie | áno  nie | áno  nie |
| **neaktívna osoba, nie je zamestnaná ani v procese vzdelávania (NAnV)** | | |
|  | áno  nie | áno  nie |
| **Vzdelanie**  *povinný výber jednej hodnoty* | **Najvyššie dosiahnuté vzdelanie účastníka v deň vstupu do aktivity podľa Národnej klasifikácie vzdelania** | | |
| **ISCED 0** bez vzdelania | | |
| **ISCED 1** 1.stupeň základnej školy (1.-4. ročník) | | |
| **ISCED 2** 2.stupeň základnej školy a nižšie ročníky 5 – 8 ročných gymnázií a konzervatórií | | |
| **ISCED 3** úplné stredné odborné/všeobecné vzdelanie s maturitou | | |
| **ISCED 4** pomaturitné vzdelanie | | |
| **ISCED 5** vyššie odborné vzdelanie s absolventským diplomom | | |
| **ISCED 6** vysokoškolské vzdelanie I. stupňa | | |
| **ISCED 7** vysokoškolské vzdelanie II. stupňa | | |
| **ISCED 8** vysokoškolské vzdelanie III. stupňa | | |
| **Znevýhodnenie**  *možnosť výberu viacerých hodnôt - povinné je vybrať aspoň jednu z ponúkaných možností* | **V deň vstupu do aktivity** | | |
| **migrant, účastník s cudzím pôvodom, príslušník menšiny, vrátane marginalizovaných komunít (citlivý údaj)** | | |
| áno  nie  odmietam odpovedať | | |
| **zdravotne postihnutý (citlivý údaj)** | | |
| áno  nie  odmietam odpovedať | | |
| **iné (citlivý údaj)**  Patria sem osoby trpiace materiálnou depriváciou, žijúce pod hranicou chudoby (podľa prieskumu ŠÚ SR) a pod. V rámci tejto kategórie sú vykazovaní aj bezdomovci alebo osoby postihnuté vylúčením z bývania a osoby, ktoré nedosiahli základné vzdelanie, avšak už prekročili vekovú hranicu, počas ktorej sa dosahuje základné vzdelanie (ISCED 1). | | |
| áno  nie  odmietam odpovedať | | |
| **nie** | | |
| osoby, ktoré písomne odmietli poskytnúť údaje o znevýhodnení a osoby, ktoré nemajú žiadnu formu znevýhodnenia | | |
| **Ďalšie údaje** | **Je v procese vzdelávania/odbornej prípravy** *povinný výber jednej hodnoty* | áno  nie Ak sa účastník bezprostredne po ukončení aktivity zapojil do vzdelávania (celoživotné, odborné). Ide o zmenu situácie v porovnaní so stavom pri vstupe do aktivity. Zdroj financovania následného vzdelávania nie je relevantný. Údaj sa eviduje pri výstupe. | | |
| **Situácia účastníka na trhu práce sa šesť mesiacov po odchode z aktivity zlepšila**  *povinný výber jednej hodnoty* | áno  nie Ak účastník vďaka podpore z ESF prešiel z neistého do stabilného zamestnania, resp. zo skráteného na plný úväzok, alebo si našiel prácu, ktorá vyžaduje viac spôsobilostí, zručností alebo vyššiu kvalifikáciu, alebo prešiel na vyššiu pozíciu šesť mesiacov po odchode z projektu. | | |
| **Získal kvalifikáciu** *povinný výber jednej hodnoty* | áno  nie Ak účastník získal kvalifikáciu pri odchode z aktivity. Mali by sa uviesť iba kvalifikácie, ktoré sa dosiahli v dôsledku intervencie ESF, pričom osvedčenie o účasti sa nepovažuje za kvalifikáciu. Údaj sa eviduje pri výstupe. | | |
| **Typ záznamu** | **Dátum vstupu do aktivity** |  | | |
| **Dátum výstupu z aktivity** |  | | |
| **Mimoriadny výstup z aktivity** |  | | |
| **Následné meranie 6 mesiacov po výstupe** |  | | |

**Poučenie pre účastníka:**

Podľa ustanovenia §47 zákona č.292/2014 Z. z. o príspevku poskytovanom z európskych štrukturálnych a investičných fondov a o zmene a doplnení niektorých zákonov je prijímateľ oprávnený na účely preukázania vynakladania poskytnutého príspevku a v súvislosti s realizáciou projektu získavať, spracúvať a poskytnúť osobné údaje užívateľa a cieľovej skupiny poskytovateľovi určenému v zmluve v rozsahu: meno, priezvisko, rodné priezvisko, pri zmene mena a priezviska aj pôvodné meno a priezvisko, titul, dátum narodenia, rodné číslo, adresa trvalého pobytu, údaje podľa osobitného predpisu (Príloha č. 1 Nariadenia Európskeho parlamentu a Rady č. 2018/1046) a ďalšie údaje v rozsahu nevyhnutnom na plnenie úloh podľa tohto zákona.

Spracovanie údajov bude prebiehať v zmysle zákona č. 18/2018 Z. z. o ochrane osobných údajov a o zmene a doplnení niektorých zákonov.

Údaje z Karty účastníka budú poskytované Ústredím práce, sociálnych vecí a rodiny za každého účastníka aktivity daného projektu do informačného systému ITMS2014+. ITMS2014+ je centrálny informačný systém, ktorý slúži na evidenciu a následné spracovanie, export a monitoring dát o projektovom a finančnom riadení pre programové obdobie 2014-2020, vlastníkom systému je Úrad vlády SR, údaje sú zároveň prístupné pre MPSVR SR ako riadiaci orgán pre Operačný program Ľudské zdroje.

Ak údaje z Karty účastníka nebudú poskytnuté, predmetný občan nemôže byť zaradený do projektu.

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| **Čestné vyhlásenie účastníka** |
| Ja, dolu podpísaný účastník čestne vyhlasujem, že všetky mnou uvedené informácie v Karte účastníka sú úplné a pravdivé.  **Titul, meno a priezvisko účastníka:** ....................................................................................................  Miesto podpisu: ............................................. Dátum podpisu: ................................................  Podpis účastníka: ................................................................................................................................  **Titul, meno a priezvisko zamestnanca,**  **ktorý overuje úplnosť údajov o účastníkovi:** ....................................................................................  Miesto podpisu: ............................................. Dátum podpisu: .............................................  Podpis zamestnanca: .......................................................................................................................... |