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| Žiadosť o príspevok na starostlivosť o dieťa **Application for childcare allowance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Údaje v žiadosti vypĺňajte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru  Fill in the application form in block capitals and tick the corresponding entry as indicated in this model | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A** | | | | | | | | ***Údaje o žiadateľovi/Details of the applicant*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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|  | | | Priezvisko  Surname | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | |  | | | | |  | | | | |  | | | | Meno/ Name | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | |  | | | | Rodinný stav/ Marital status1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | Dátum narodenia / Date of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rodné číslo / Personal ID  (Identifikačné číslo / ID number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Štátna príslušnosť/ Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | **Fyzická osoba s osobitnou ochranou / Natural person with special protection**:  ktorej sa poskytuje dočasné útočisko/to whom temporary refuge is granted  ktorá je žiadateľom o azyl alebo doplnkovú ochranu/who is an applicant for asylum or subsidiary protection  ktorá získala prechodný pobyt/who has obtained temporary residence  Doklad s označením „OSOBA S OSOBITNOU OCHRANOU”/Document marked "PERSON WITH SPECIAL PROTECTION"  (uviesť číslo dokladu, dátum a miesto vydania /  indicate the document number, date and place of issue)  ................................................................................................................................................................  Ubytovanie na území SR - kontaktná adresa/Accommodation in the SR – contact address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
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|  | | | PSČ/Postal code | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Obec/  Munici-pality | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel.číslo/Phone No. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **B** | | | | | | | | ***Žiadateľ vykonáva zárobkovú činnosť ako***: (označte podľa vzoru)  ***The applicant is gainfully employed as:*** (tick as indicated in the model) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | |  | | | | |  | | | | | | | **zamestnanec/employee** (uveďte názvy a adresy všetkých zamestnávateľov/ give the names and addresses of all employers)  **– uviesť dátum od kedy / indicate the date from when** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
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|  | | |  | | | | |  | | | | | | | **samostatne** **zárobkovo** **činná** **osoba/self-employed person** 2) (uveďte druh činnosti, ktorú vykonávate, a názov a adresu pracoviska / give the type of activity you carry out and the name and address of the workplace)  **- uviesť dátum od kedy / indicate the date from when** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **C** | | | | | | | | | ***Žiadateľ alebo druhý rodič dieťaťa, príp. druhý náhradný rodič dieťaťa*** (označte podľa vzoru)  ***The applicant or the child's other parent or the child's other surrogate parent*** (tick as indicated in the model) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | poberá materské alebo obdobnú dávku v cudzine  Áno  Nie  receives maternity or similar benefits abroad Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | poberá rodičovský príspevok alebo obdobnú dávku v cudzine  Áno  Nie  receives parental allowance or similar benefits abroad Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | poberá príspevok na služby pre rodinu s deťmi podľa osobitného predpisu 4)  Áno  Nie  receives an allowance for services for a family with children according to a special regulation Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **D** | | | | | | | | | ***Údaje o dieťati, na ktoré si žiadateľ uplatňuje nárok na príspevok na starostlivosť o dieťa /  Details of the child to whom the applicant claims entitlement to childcare allowance*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | Priezvisko / Surname | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | Meno / Name | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | |
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|  | | | | Dátum narodenia/ Date of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | Rodné číslo / Personal ID  (Identifikačné číslo / ID No.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Štátna príslušnosť/ Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
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|  | **Fyzická osoba s osobitnou ochranou / Natural person with special protection:**    ktorej sa poskytuje dočasné útočisko / to whom temporary refuge is granted  ktorá je žiadateľom o azyl alebo doplnkovú ochranu / who is an applicant for asylum or subsidiary protection  ktorá získala prechodný pobyt / who has obtained temporary residence  Doklad s označením „OSOBA S OSOBITNOU OCHRANOU” / Document marked "PERSON WITH SPECIAL PROTECTION"  (uviesť číslo dokladu, dátum a miesto vydania) /  indicate the document number, date and place of issue)  **..........................................................................................................................................................................................................................................** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
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| **E** | | | | | | **Poskytovateľom starostlivosti o dieťa je / The childcare provider is** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |  | | | |
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|  | |  | | | | |  | | | | | Zariadenie  Facility 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | |  | | | | |  | | | | | Iná právnická osoba  Another legal person 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | |  | | | | |  | | | | | Iná fyzická osoba, ktorá poskytuje starostlivosť o dieťa na základe živnostenského oprávnenia /  Another natural person who provides childcare on the basis of a trade licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | |  | | | | |  | | | | | Iná fyzická osoba, ktorá poskytuje službu formou starostlivosti o dieťa v detskej skupine / another natural person who provides a chilcare service in a child group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | |  | | | | |  | | | | | Iná fyzická osoba, ktorá poskytuje starostlivosť o dieťa bez živnostenského/  Another natural person who provides childcare without a trade licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | |  | | | | |  | | | | | Rodič dieťaťa, ktorý vykonáva zárobkovú činnosť a starostlivosť o dieťa zabezpečuje sám /  A parent of a child who is self-employed and provides care for the child him/herself | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **F** | | | | | | | ***Údaje o poskytovateľovi – zariadení, právnickej osobe alebo SZČO /  Details of the provider - facility, legal entity or self-employed person*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |  |
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|  | | Názov a adresa sídla poskytovateľa (ulica, číslo, PSČ, obec, IČO) / Name and address of the provider's registered office (street, number, postcode, municipality, ID No.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |  |
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|  | | Adresa poskytovania starostlivosti o dieťa (miesto, kde sa starostlivosť vykonáva – uviesť v tvare:  Address of the childcare provision (place where the care is provided - indicate in the form: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | ulica, číslo, PSČ, obec, tel. číslo) / street, number, postcode, municipality, phone number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **G** | | | | | | ***Údaje o poskytovateľovi – fyzickej osobe /  Details of the provider - natural person 5)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |  |
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|  | | Priezvisko/Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | Meno/Name | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | Dátum narodenia / Date of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
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|  | | Adresa trvalého pobytu / Address of permanent residence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |  |
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|  | | Adresa poskytovania starostlivosti / Address of care provision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |  |
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| **H** | | ***Spôsob výplaty / Method of payment*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Na účet v banke v SR /  To a bank account in  the Slovak Republic | | | Číslo účtu  Account No. | | |  | |  | |  | |  |  |  | |  |  |  |  | Kód banky  Bank code |  |  |  |  |  |
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|  | V prípade neuvedenia účtu sa príspevok vyplatí/bude vyplácať v hotovosti na adresu v SR.  If no account is provided, the allowance will be paid in cash to an address in the Slovak Republic. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **I** | | ***Vyhlásenie žiadateľa /  Declaration by the applicant*** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vyhlasujem, že všetky údaje v tejto žiadosti sú pravdivé a každú zmenu, ktorá má vplyv na nárok na príspevok na starostlivosť o dieťa, na jeho výšku a výplatu (najmä zmenu zabezpečovania starostlivosti o dieťa) písomne najneskôr do 8 dní nahlásim platiteľovi podľa § 10 zákona o príspevku na starostlivosť o dieťa. Uvedomujem si, že neprávom prijatú sumu príspevku na starostlivosť o dieťa som povinný(á) vrátiť.  I declare that all the information in this application is true and that I will report any change that affects the entitlement to childcare allowance, its amount and payment (in particular a change in the provision of childcare) in writing to the payer in accordance with Section 10 of the Childcare Allowance Act within 8 days at the latest.  I am aware that I am obliged to repay the amount of childcare allowance wrongly received.  **Vyhlasujem, že som bola/bol informovaná/ý o skutočnosti, že príspevok na starostlivosť o dieťa je poskytovaný zo zdrojov zo Štátneho rozpočtu Slovenskej republiky a zo zdrojov Európskeho sociálneho fondu v rámci Národného projektu „Príspevok na starostlivosť o dieťa“ a Operačného programu Ľudské zdroje.**  **I declare that I have been informed about the fact that the childcare allowance is provided from the resources of the State Budget of the Slovak Republic and from the resources of the European Social Fund within the framework of the National Project "Childcare Allowance" and the Operational Programme “Human Resources”.**  **Informácia pre žiadateľa / Information for the applicant**  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)**.**  The Labour, Social Affairs and Family Office - ID No. 30794536 - processes your personal data (including personal data of jointly assessed persons) within the meaning of Act No. 561/2008 Coll. on Childcare Allowance and on Amendments and Supplements to Certain Acts, as amended, and further provides said personal data to public authorities. In case of any uncertainties, problems, questions related to the protection of personal data, you can contact the following e-mail address: [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | VIn |  | | | | | | | | | | | | dňa  on | | |  | | | | | | | |  |  |  |  | Podpis žiadateľa  Applicant's signature | | | | | | | | | |
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| **J** | | ***Správnosť údajov porovnal s originálom / Correctness of the data compared  with the original by:*** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Priezvisko Surname | | | |  | | | | | | | | | | | | | Meno Name | | |  | | | | | | | | | | | | |  |  |  |  |  |
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|  | Dátum porovnania  Date of comparison | | | | | | |  | | | | | |  |  |  |  |  | Podpis zamestnanca  Employee's signature | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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|  | **K. Číseln**é **odkazy k vyplňovaniu žiadosti o príspevok na starostlivosť o dieťa**  **Numerical references for completing the application for childcare allowance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. napr.: vydatá/ženatý, slobodná/slobodný, rozvedená/rozvedený, vdova/vdovec  e.g.: married, single, divorced, widow/widower 2. 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.   e.g. business in agricultural production, forestry and water management, trade, business carried out on the basis of other than a trade license (according to the Law on Advocacy, the Law on Tax Advisers, the Law on Notaries), partner of a public trading company, person providing personal assistance to a citizen with severe disabilities, expert, interpreter   1. napr. jasle, materská škola, zariadenie dočasnej starostlivosti o deti   e.g. nursery, kindergarten, temporary childcare facility   1. napr. obec, ktorá zamestnáva opatrovateľku, ktorá vykonáva starostlivosť o dieťa   e.g. a municipality that employs a female childminder to care for a child   1. žiadateľ, ktorý starostlivosť o dieťa zabezpečuje osobne alebo prostredníctvom inej fyzickej osoby bez živnosti   an applicant who provides care for the child personally or through another natural person without a trade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **II. K žiadosti o príspevok na starostlivosť o dieťa žiadateľ:**  **With the application for a childcare allowance, the applicant shall submit the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Za účelom porovnania údajov uvedených v tejto žiadosti predloží / For the purpose of comparing the data provided in this application:**   * doklad, že žiadateľ a dieťa sú osoby s osobitnou ochranou / proof that the applicant and the child are persons with special protection   **Doloží ďalšie doklady a potvrdenia / Additional documents and certificates:**   * doklad preukazujúci vykonávanie zárobkovej činnosti (živnostenský list, aktuálna pracovná zmluva, v prípade staršej pracovnej zmluvy aktuálny doklad zamestnávateľa o vykonávaní zárobkovej činnosti),   proof of gainful employment (trade licence, current employment contract, or, in the case of an older employment contract, the employer's current proof of gainful employment),   * doklad preukazujúci povinné dôchodkové poistenie samostatne zárobkovo činnej osoby,   proof of the self-employed person's compulsory pension insurance,   * zmluva/dohoda alebo rozhodnutie o poskytovaní starostlivosti o dieťa,   a contract/agreement or decision to provide childcare, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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