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**IZJAVA INSTITUCIJE/POSLODAVCA ILI DRUGE PRAVNE OSOBE IZ KOJE JE VIDLJIVO DA OSOBA RADI S DJECOM S TEŠKOĆAMA U RAZVOJU**

|  |  |  |
| --- | --- | --- |
| Ja | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | kao |
|  | *(ime, prezime, OIB)* |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | u | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(funkcija u pravnoj osobi)* |  | *(naziv pravne osobe)* |
| ovim putem, za potrebe projekta „Razvoj Hrvatskog resursnog centra za rijetke bolesti (UP.02.2.2.06.0139)“ izjavljujem da |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(ime, prezime, OIB)* |
| radi s djecom s teškoćama u razvoju.

|  |  |  |
| --- | --- | --- |
| U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(mjesto)* |  | *(ime, prezime, funkcija)* |
| Dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (datum) |  | (potpis) |

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