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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) | | | | | |