|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rzeczpospolita Polska | | | | **NAZWA I ADRES URZĘDU WOJEWÓDZKIEGO, DO KTÓREGO KIERUJESZ WNIOSEK:** | | | | | | | | | | | | | | | |  | | | SYMBOL/00/00/Adnotacje urzędu | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | |
| **Wniosek o** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **przyznanie statusu zakładu pracy chronionej** | | | | | | | | |  | | **zmianę decyzji o przyznaniu statusu zakładu pracy chronionej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Zaznacz, czego dotyczy twój wniosek.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Instrukcja wypełnienia wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | Wniosek złóż do tego urzędu wojewódzkiego, któremu podlega miejscowość, w której zamierzasz prowadzić zakład pracy chronionej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | WNIOSEK WYPEŁNIJ WIELKIMI LITERAMI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | Pola wyboru oznaczaj  lub . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | Wniosek wypełniaj kolorem **czarnym** lub **niebieskim**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Dane wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **2.1. Dane identyfikacyjne** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nazwa firmy/Imię i nazwisko | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer NIP | | | |  |  |  |  |  | |  | |  | |  |  | | |  | | |  | | |  | |  | | |  |  | |  | |  | |  | |  | |  | |
|  | | | | **2.2. Informacja o wpisie wnioskodawcy do rejestru przedsiębiorców** *(zaznacz właściwy rejestr)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | Centralna Ewidencja i Informacja o Działalności Gospodarczej | | | | | | | | | | | | | | | | |  | | |  | | Krajowy Rejestr Sądowy | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | Inny rejestr | | | |  | | | | | | | | Nazwa rejestru | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer w wybranym rejestrze | | | |  |  |  |  |  | |  | |  | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | *Gdy wybrałeś CEIDG wpisz NIP. Jeśli wybrałeś inny rejestr, to podaj jego nazwę i numer.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **2.3. Adres siedziby lub miejsca zamieszkania wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nr domu | | | |  | | | Nr lokalu | | | | |  | | | | | | | Kod pocztowy | | | | | | | | | | | |  | |  | | - | |  | |  | |  |
|  | | | | **2.4. Dane kontaktowe wnioskodawcy** *(dane kontaktowe nie są obowiązkowe, ale ułatwią kontakt w sprawie wniosku)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Numer telefonu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Adres poczty elektronicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **2.5. Dane pełnomocnika** *(podaj, jeśli w sprawie ustanowiłeś pełnomocnika)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **2.6. Adres korespondencyjny wnioskodawcy** *(jeśli w sprawie ustanowiłeś pełnomocnika, to podaj jego adres)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nr domu | | | |  | | | Nr lokalu | | | | |  | | | | | | | Kod pocztowy | | | | | | | | | | | |  | |  | | - | |  | |  | |  |
| **3. Treść wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **3.1. Informacje o prowadzonej działalności** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | *Podaj wszelkie informacje o twojej działalności, które mogą uzasadnić przyznanie statusu zakładu pracy chronionej.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Podstawa prawna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art. 28 i art. 30 ustawy z dnia 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Załączniki** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Informacja o stanie zatrudnienia lub tabela jako część wniosku.  2. Informacja o wskaźniku zatrudniania ze wskazaniem rodzajów schorzeń.  3. Informacja o sposobie zapewnienia specjalistycznej i doraźnej opieki medycznej, poradnictwa oraz usług rehabilitacyjnych.  4. Opinia Państwowej Inspekcji Pracy potwierdzająca, że obiekt spełnia wymagania przewidziane dla zakładu pracy chronionej.  5. Aktualne dokumenty potwierdzające:  - numer identyfikacji podatkowej NIP;  - REGON;  - wpis do CEIDG;  - wpis od Krajowego Rejestru Sądowego. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Dowód uiszczenia opłaty skarbowej. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Dokument pełnomocnictwa, o ile został ustanowiony pełnomocnik. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Opłata z tytułu udzielenia pełnomocnictwa, o ile został ustanowiony pełnomocnik.  9. Inne dokumenty (np. informacja o przekształceniu się podmiotu w trybie Kodeksu Spółek Handlowych). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Data i podpis wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Data | | | |  |  | - |  |  | | - | |  | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |