**OBRAZEC A**

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| **Izobraževalni program (izbirno področje):** |  |

Podatki o neposrednih izvajalcih vzgojno izobraževalnega programa, ravnatelju, svetovalnemu delavcu v izobraževanju odraslih, organizatorju izobraževanja odraslih.

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| Zap. št. | Ime in priimek | Predmet  (z besedo) | Zaključena  šola | Dosežena izobrazba oz. strokovni  naslov | | Predhodna  izobrazba | Poklic  (datum) | Dopolnilna  znanja |
| 1 | 2 | 3 | 4 | 5 | 5a | 6 | 6a | 7 |
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| Zap.št. | P – A izobrazba | | Strokovni izpit | | Vrsta delovnih izkušenj | | |
|  | datum | številka | datum | številka | št. let | kakšne | kje |
| 1 | 8 | | 9 | | 11 | | |
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Izjava: Zgoraj navedene delavce zagotavljam oz. bom zagotovil/a v skladu z veljavno delovno zakonodajo in v skladu z [ZOFVI](http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO445) in [ZIO](http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7641) Za resničnost in točnost navedenih podatkov materialno in kazensko odgovarjam.

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|  |  | **Pooblaščena oseba ustanovitelja oz. izvajalca:** |
|  | Žig | **Ime in priimek:** |
|  |  | **Podpis:** |