**PRIJAVA DJELATNIKA ZA POHAĐANJE**

**TEČAJA HIGIJENSKOG MINIMUMA**

Naziv firme-obrta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

Sjedište i adresa ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vlasnik / direktor ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel./fax. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_

Datum prijave polaznika \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Popis djelatnika za polaganje tečaja Higijenskog minimuma

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| Red. br. | Ime i prezime(ime oca) | JMBG | Mjesto rođenja | Adresa | Završena škola | Posao koji djelatnik obavlja (naziv radnog mjesta) |
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 Direktor / vlasnik

(potpis i pečat)