# Žiadosť o integrovaný posudok

(Údaje v žiadosti vyplňte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru)

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| **A.** | | ***Údaje o žiadateľovi*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Priezvisko | | | | | | | | | | | | | |  | Meno Titul | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |
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|  | Deň, mesiac, rok narodenia | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | | |  | |
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|  | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | | |  | | | | | | | | | | | | |  | |
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|  | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | | |  | | | | | | | | | | | | |  | |
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|  | PSČ | | |  |  |  |  |  |  |  | |  | Obec | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **U cudzinca typ povolenia k pobytu** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa miesta, kde sa obvykle zdržiava** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | |  | | | | | | | | | | | | | |  | |
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| **B.** | | ***Údaje o zákonnom zástupcovi žiadateľa (rodič alebo súdom ustanovený opatrovník)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Priezvisko | | | | | | | | | | | | | |  | Meno Titul | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |
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|  | Deň, mesiac, rok narodenia | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | | |  | |
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|  | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | PSČ | | |  |  |  |  |  |  |  | |  | Obec | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | | |  | | | | | | | | | | | | |  | |
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|  | PSČ | | |  |  |  |  |  |  |  | |  | Obec | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **U cudzinca typ povolenia k pobytu** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa miesta, kde sa obvykle zdržiava** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | |  | | | | | | | | | | | | | |  | |
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| **C.** | | ***Poučenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Lekárska posudková činnosť sa vykonáva bez prítomnosti účastníka konania. Lekárska posudková činnosť sa vykonáva za prítomnosti účastníka konania, ak o to účastník konania písomne požiada alebo tak určí posudkový lekár. | | | | | | | | | | | | | | | | | | | | | | |  |
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| **D.** | | ***Informácia pre žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Úrad práce, sociálnych vecí a rodiny – IČO: 30794536 spracúva Vaše osobné údaje v zmysle zákona č. 376/2024 Z. z. o integrovanej posudkovej činnosti a o zmene a doplnení niektorých zákonov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci.  V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: [ochranaosobnychudajov@upsvr.gov.sk](mailto:ochranaosobnychudajov@upsvr.gov.sk). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **E.** | | ***Vyhlásenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Vyhlasujem, že všetky údaje uvedené v žiadosti sú pravdivé a som si vedomý (á) právnych následkov v prípade uvedenia nepravdivých údajov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Podpis žiadateľa  (zákonného zástupcu) | | | | | | | | | | |  |
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