IMP02.IT01.PC01 – Ficha de pré inscrição

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| Labor.jpg | **Ficha de pré inscrição** | Número \_\_\_\_\_\_  Data: \_\_\_/\_\_\_/\_\_\_ |

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| Data de contacto: |  |  | Referenciado por: |  |

**DADOS A PREENCHER PELO/COM CLIENTE E SIGNIFICATIVOS**

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| **1.** |  | **DADOS DE IDENTIFICAÇÃO DO CLIENTE** |

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|  |  | Nome Completo do candidato: |  |

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|  |  | Nome do responsável por o candidato: |  |

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|  |  | Data de Nascimento: |  | Sexo: |  | Idade: |  | Anos |

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| --- | --- | --- | --- |
|  |  | Morada: |  |

|  |  |  |  |  |  |
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|  |  | Código Postal: |  | Telemóvel do responsável: |  |

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| --- | --- | --- | --- | --- | --- |
|  |  | BI candidato: |  |  |  |

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|  |  | NIF candidato: |  |

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| --- | --- | --- | --- | --- | --- |
|  |  | NISS candidato: |  | SNS: |  |

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| **2.** |  | **FORMULAÇÃO E FUNDAMENTAÇÃO DO PEDIDO** |

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|  |  | Profissão do responsável pelo candidato |  | Ocupação |  |

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| --- | --- | --- | --- | --- | --- |
|  |  | Nº de pessoas do agregado familiar: |  | Área do local de trabalho: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Possui Relatório de “Avaliação e Certificação da Situação da Deficiência” | 🌕 | Grau de incapacidade |  |  |  |  |  |  |
|  |  | Outros. Especificar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🌕 |  |  |  |  |  |  |  |
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| **3.** |  | **Preenchido por:** |

|  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Nome |  | Data: |  | / |  | / |  |  |
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| **4.** |  | **Quer fazer-se cooperante:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sim** |  | Nome |  | Data: |  | / |  | / |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Enviados os formulários? |  | Data: |  | / |  | / |  |  |
|  |  |  |  |  |  |  |  |  |  |  |