

REQUEST

I apply for the recognition of my diploma/certificate/other evidence of formal qualification on the grounds of this request and the enclosed documents.

Family name	
First name	
Name as written on the qualification	
Name at birth	
Sex	
Nationality	
Date of birth	
Place of birth	
Mother's maiden name	
Number of passport/ID	
Registered address	
Present address	
Mailing address	
Telephone	
e-mail	
Diploma/certificate/other evidence of formal qualification to be recognised	1.
1. title	a)
a) in original language
b) in Hungarian
	b)
2. number	2.
3. date	3.
4. name and address of the issuing body	4.

5. the length of the training (number of years and hours)	5.

Name of the workplace	
Address of the workplace	
Current position	
Name/position/contacts of the employer	
Former workplaces in the last 5 years

Knowledge of languages

List of attachments	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Remarks (further trainings etc.)

I hereby declare, that I am a refugee from Ukraine due to the armed conflict, and I am engaging in a temporary healthcare activity in Hungary, before the recognition of my qualification, at the following workplace:

.....

I would like to get the decision concerning the procedure:

- a) personally
- b) by post
- c) by an authorised person (please attach an authorisation)
- d) other:

I hereby declare that the information contained in my application are true, and I agree with the use of the aforementioned data by the Office with regards to my application.

Date:

.....
signature