**DECLARATION TO PARTICIPATE IN PROJECT**

**No. 5/8-2017/OG-FAMI called *“Łódzkie Province Supports the Integration of Foreigners”***

**First and last name** …………………………………………………………………………..

**Citizenship** ................................................................................................................................

**Date and place of birth** ………………………………………………………………………

**Contact details**...........................................................................................................................

I, the Undersigned, hereby state that:

* I am willing and I give consent to participate in Project No. 5/8-2017/OG-FAMI called *“Łódzkie Province Supports the Integration of Foreigners”,*
* I have been informed of the fact that the Project “*Łódzkie Province Supports the Integration of Foreigners”* is co-financed from the National Programme – the Asylum, Migration and Integration Fund (AMIF) – II (2); Specific objective: integration/legal migration, National objective: integration in limited call for proposals 8/2017/OG-FAMI and from the state budget – on the basis of financing agreement no. PL/2018/FAMI/OG.8.5,
* I have been familiarised with the principles of participating in the Project and I accept the terms thereof,
* I represent that the data provided in the recruitment form are true.

 ………………………………..

 Place and date

 ……………………………………..

 Signature of the foreigner/

 /the foreigner’s legal guardian

Attachments

1. Project participant’s statement
2. registration form

I confirm the receipt of the declaration …………………………………………………………

(first and last name, position)

………………………………………………………

 Place and date