**PRIJAVNICA**

**EDUKACIJU: „Specifičnosti rada s osobama s iskustvom siromaštva: uloga socijalnog rada“**

**PREZIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USTANOVA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADRESA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MJESTO I POŠTANSKI BROJ:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEFON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ČLAN HUSRA :** DA NE

**POTPIS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Popunjenu obrazac poašaljite do 01.12.2016. godine na e-mail adresu** **husr@zg.t-com.hr** **ili na fax: 01/4550 757**