**STATEMENT**

concerning the health status of the Applicant to the

Pre-School Education Programme

**Please note that all details and the signature of the statement are compulsory!**

Applicant’s name: …………………………………………………………………………………………………………………..  
Passport Nr: ……………………………………………………………………………………………………………………………  
Place of Birth: …………………………………………………………………………………………………………………………  
Date of Birth: ………………………………………………………………………………………………………………………….  
Maiden name of applicant’s mother: ……………………………………………………………………………………..

**I declare that I do not suffer from any of the restrictive conditions listed below, which would hinder my ability to teach, educate and take care of children or prevent an emergency or physical injury.**

- Functional abnormalities of the limbs or more serious disorders of the static system

- Severe mental or psychological disturbances

- Disorders of the heart, blood circulation and respiratory system that disturb the ability to perform physical exercise

- The degree of reduction in visual acuity, depth perception, or color blindness are such that this condition may interfere with work conducted in the group of children  
- A hearing range lower than 30 decibels  
- dyslexia  
- dysgraphia  
- dyscalculia  
- other aspect of part dys

Date: ………………………………………………….

Applicant’s signature: ……………………………………………