Pieczęć pracodawcy Data: O P I N I A

Imię i Nazwisko, adres zamieszkania:......................................................................................

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Miejsce stażu: ..........................................................................................................................

Okres:........................................................................................................................................

Stanowisko:...............................................................................................................................

**Zadania wykonywane w trakcie stażu** :

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**Nabyte umiejętności i kwalifikacje:**

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Pieczęć i podpis pracodawcy