

**PRIJAVNICA ZA TEMELJNI TEČAJ PO HALLIWICK KONCEPTU**

Održavanje tečaja: Centar Mali dom, Baštijanova 1d, 10 000 Zagreb, 09.-10.03.2019. i 23.-24.03.2019.

Ime i prezime: .......................................................................................................

Adresa: ..................................................................................................................

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Poštanski broj: ......................................................................................................

Broj mobitela: ........................................................................................................

E-mail: ...................................................................................................................

Zanimanje: .............................................................................................................

Mjesto zaposlenja/ Studij: ......................................................................................

Dodatno obrazovanje, (npr. terapeut, spasilac, trener)...........................................

Iskustvo u radu s djecom s teškoćama u razvoju i osobama s invaliditetom:

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Iskustvo u plivanju, hidroterapiji i sl: .....................................................................

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Što očekuješ od tečaja?...........................................................................................

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Ostalo (ukoliko smatraš bitnim)................................................................................

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Ispunjenu prijavnicu i potvrdu o uplati poslati na [halliwick.hrvatska@gmail.com](mailto:halliwick.hrvatska@gmail.com)