



NEMZETI SZAKKÉPZÉSI ÉS FELNŐTTKÉPZÉSI HIVATAL

FORM
FOR THE ENDORSEMENT OF A PUBLIC VOCATIONAL TRAINING CERTIFICATE

APPLICANT'S DATA

NAME

.....

POSTAL ADDRESS

POSTAL CODE.....CITY.....STREET.....

HOUSE NUMBER

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE ON WHICH THE PUBLIC VOCATIONAL TRAINING CERTIFICATE
WAS OBTAINED:

NAME OF INSTITUTION ISSUING THE PUBLIC VOCATIONAL TRAINING
CERTIFICATE:

ADDRESS OF INSTITUTION ISSUING THE PUBLIC VOCATIONAL TRAINING
CERTIFICATE:

TYPE OF PUBLIC VOCATIONAL TRAINING CERTIFICATE TO BE ENDORSED:

please underline as appropriate

1. SCHOOL-LEAVING CERTIFICATE OBTAINED AT A VOCATIONAL TRAINING INSTITUTION
2. VOCATIONAL SCHOOL-LEAVING CERTIFICATE OBTAINED AT A VOCATIONAL TRAINING INSTITUTION
3. VOCATIONAL CERTIFICATE
4. CERTIFICATE
5. RECORD SHEET¹

DATE:,.....day,.....month,year

.....
signature

Please send your signed application with a copy of your original public vocational training certificate to the National Office of Vocational Education and Training and Adult Learning at **bizonyitvanyhitelesites@nive.hu**.

¹ The Record Sheet can be endorsed by the public vocational training certificated listed under 1-4.