**“Aasta tervisedendaja” tunnustamise TAOTLUS**

1.Vastavalt Ida-Virumaa tervisedendaja tunnustamise tingimustele

esitan kandidaadiks

2. .....................................................................................................................................

...………………………………………………………………………………………. *(Kandidaadi ees- ja perekonnanimi, sünniaeg ,asutus, amet , telefon, e-mail,*

*omavalitsuse nimi)*

3.Kandidaadi terviseedendusliku tegevuse ja selle tulemuslikkuse lühikirjeldus (maksimaalselt üks A4 lehekülg ):

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4.Taotluse esitaja:

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*(ees- ja perekonnanimi)*

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*(asutus/organisatsioon, amet)*

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…………………………………………………………………………………………..

*(aadress, telefon, e-post)*

*allkiri, kuupäev*