





Appendix 2 to the Rules and Regulations for the implementation of the "Łódzkie against discrimination" project

CANDIDATE'S STATEMENT

Date and place	Legible signature of the candidate
•	f my civil liability for making a false statement or nereby declare that the above information is true.
Date and place	Legible signature of the candidate
am a person experiencing discrimination, i.e. I have been subjected to hate speech, inferior treatment or violence on the grounds of ethnic origin (cultural affiliation, migration).	
Date of birth:	
	(first name and surname)
I hereby declare that I	