**DECLARACIÓN RESPONSABLE RELATIVA AL EMPLEO DE**

**TRABAJADORAS y TRABAJADORES AGRÍCOLAS TEMPORALES**

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| **Datos de la persona titular de la explotación** |
| NIF NOMBRE o RAZÓN SOCIAL:       |
| PRIMER APELLIDO SEGUNDO APELLIDO:       |
| Número inscripción REAN:       |
| **En caso de representación, datos del representante** |
| NIF:       |
| NOMBRE:       |
| PRIMER APELLIDO SEGUNDO APELLIDO:       |
| **Domicilio a efectos de notificaciones** |
| DIRECCIÓN:       |
| LOCALIDAD:       |
| CÓDIGO POSTAL:       | PROVINCIA:       |
| TELÉFONO:       | CORREO ELECTRÓNICO:       |

Efectúa la siguiente **DECLARACIÓN RESPONSABLE** a los efectos de la obligación exigida por la RESOLUCIÓN 604/2020, de 11 de agosto, por la que se adoptan determinadas medidas preventivas aplicables a la contratación de trabajadoras y trabajadores temporales agrarios en las campañas agrarias que se lleven a cabo en Navarra, para hacer frente a la crisis sanitaria ocasionada por la pandemia COVID-19.

1.- Que durante la presente campaña agrícola de       tengo contratadas a las personas trabajadoras agrícolas temporales que figuran en el **Anexo I** (al final del documento).

2.- Que, como contratante, asumo las obligaciones laborales y sanitarias que se derivan de la normativa vigente de aplicación tanto en materia de Prevención de Riesgos Laborales, como en materia laboral, pudiendo acreditarlo, si así se me requiere, mediante cualquier prueba documental admitida en derecho.

3.- Que me comprometo a velar por el adecuado desempeño de la prestación laboral de los trabajadores/as, tomando las medidas necesarias para garantizar su seguridad laboral y de prevención de riesgos laborales, en particular las establecidas en la guía aprobada por la Administración General del Estado y las emitidas por el ISPL, para laprevención y control de la covid-19 en las explotaciones agrícolas que vayan a contratar a temporeros.

4.- Que me comprometo a velar por las adecuadas condiciones de transporte, tanto en el acceso de los trabajadores/as desde sus domicilios o lugares de alojamiento a las fincas objeto de recolección como entre los diferentes parajes que puedan integrar dichas fincas.

5.- Que cuento con un plan de contingencia apropiado para que, en el caso de que algún trabajador/a se identifique positivo a COVID-19, puedan adoptarse las medidas necesarias comprometiéndome, en cualquier caso, a prestar toda la colaboración necesaria con las autoridades sanitarias.

6.- Que me comprometo a facilitar la información complementaria que pueda solicitar formalmente la Administración de la Comunidad Foral de Navarra.

7.- Que autorizo expresamente a la Administración de la Comunidad Foral de Navarra a realizar cuantas comprobaciones resulten necesarias para verificar los datos declarados, autorizando en particular el acceso a las declaraciones de la PAC, al sistema de altas y bajas de la Seguridad Social, así como a los registros de la Administración laboral.

*El responsable del tratamiento de los datos de carácter personal contenido en las declaraciones será la Dirección General de Agricultura y Ganadería. Podrás ejercer tus derechos de acceso, rectificación, supresión y portabilidad de los datos o de limitación y oposición a su tratamiento, así como a no ser objeto de decisiones individuales automatizadas mediante instancia dirigida a la Dirección General de Agricultura y Ganadería. El responsable del tratamiento de los datos personales necesarios para la realización de las pruebas PCR será el Servicio Navarro de Salud-Osasunbidea dentro de su tratamiento “Historias clínicas – Asistencia sanitaria”. El tratamiento de los datos es necesario para el cumplimiento de una obligación legal aplicable al responsable del tratamiento. No se comunicarán datos personales a terceros destinatarios salvo obligación legal. Podrás ejercer tus derechos de acceso, rectificación, supresión y portabilidad de los datos o de limitación y oposición a su tratamiento, así como a no ser objeto de decisiones individuales automatizadas mediante instancia dirigida al Servicio de Atención a Ciudadanos y Pacientes del Servicio Navarro de Salud-Osasunbidea. Puedes consultar más información sobre el tratamiento de los datos en el siguiente enlace de la página web del Gobierno Abierto de Navarra* [*https://gobiernoabierto.navarra.es/es/transparencia/tratamiento-datos-personales*](https://gobiernoabierto.navarra.es/es/transparencia/tratamiento-datos-personales)

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EL TITULAR o REPRESENTANTE,

**Anejo complementario personas contratadas**

En el caso de que únicamente se disponga pasaporte, las personas contratadas deberán facilitar al Servicio Navarro de Salud-Osasunbidea antes de la realización de la prueba PCR y a efectos de su inclusión en la Historia Clínica los datos relativos a su fecha de nacimiento, nacionalidad y censo.

|  | Nombre y dos apellidos de trabajador/a | **Domicilio durante el empleo temporal** **(Dirección y localidad)** | Número de DNI/NIE o en su defecto Pasaporte (1) | Fecha de inicio de la relación laboral | Fecha de finalización relación laboral | Número de teléfono de contacto | Localidad de la finca objeto de recolección |
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| 118 |       |       |       |       |       |       |       |
| 119 |       |       |       |       |       |       |       |
| 120 |       |       |       |       |       |       |       |
| 121 |       |       |       |       |       |       |       |
| 122 |       |       |       |       |       |       |       |
| 123 |       |       |       |       |       |       |       |
| 124 |       |       |       |       |       |       |       |
| 125 |       |       |       |       |       |       |       |
| 126 |       |       |       |       |       |       |       |
| 127 |       |       |       |       |       |       |       |
| 128 |       |       |       |       |       |       |       |
| 129 |       |       |       |       |       |       |       |
| 130 |       |       |       |       |       |       |       |
| 131 |       |       |       |       |       |       |       |
| 132 |       |       |       |       |       |       |       |
| 133 |       |       |       |       |       |       |       |
| 134 |       |       |       |       |       |       |       |
| 135 |       |       |       |       |       |       |       |
| 136 |       |       |       |       |       |       |       |
| 137 |       |       |       |       |       |       |       |
| 138 |       |       |       |       |       |       |       |
| 139 |       |       |       |       |       |       |       |
| 140 |       |       |       |       |       |       |       |
| 141 |       |       |       |       |       |       |       |
| 142 |       |       |       |       |       |       |       |
| 143 |       |       |       |       |       |       |       |
| 144 |       |       |       |       |       |       |       |