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| **Nº EXPEDIENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Acción nº** | **Denominación** | | **Modalidad (1)** | | **Nº**  **participantes** | | **Horas totales** | | **Días totales** | **Fecha INICIO (dd/mm/aa)** | **Fecha FIN (dd/mm/aa)** | |
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| **DIRECCIÓN DE IMPARTICIÓN DEL CURSO** | | | | | | | | | | | | |
| Dirección | | Localidad | | C.P. | | **Teléfono** | | Razón social/Nombre comercial (2) | | | | CIF |
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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DATOS RELATIVOS A FORMACIÓN DE CERTIFICADO DE PROFESIONALIDAD (ANEXO I)** | | | | | | | | | | | | | **MÓDULOS DE CP** | **FECHA INICIO** | **FECHA FIN** | **Días** | | | | | | | **Horario** | | | **L** | **M** | **X** | **J** | **V** | **S** | **D** | **de** | **a** | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | |

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| **DATOS RELATIVOS A FORMACIÓN ESPECIALIDADES FORMATIVAS (ANEXO II)** | | | | | | | | | | | |
| **DENOMINACIÓN FORMACIÓN** | **FECHA INICIO** | **FECHA FIN** | **Días** | | | | | | | **Horario** | |
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| **DATOS RELATIVOS A FORMACIÓN COMPLEMENTARIA** | | | | | | | | | | | |
| **DENOMINACIÓN FORMACIÓN** | **FECHA INICIO** | **FECHA FIN** | **Días** | | | | | | | **Horario** | |
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**DATOS RELATIVOS AL PERSONAL DOCENTE (En el caso de acción vinculada a Certificado de Profesional, indicar el código de módulo que se impartirá):**

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Tipo (3)** | **Denominación Formación** | **Nombre y apellidos** | **D.N.I.** | **Correo electrónico** | **Código docente (4)** | **Código/s módulo/s** | **Horas** | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
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| **OBSERVACIONES:** | | | | | | | |
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1. P – Presencial, T- Teleformación, M- Mixta.
2. Indicar sólo en el caso de que la razón social/nombre comercial y CIF sea diferente a la entidad solicitante.
3. P- Profesor/a, E- Experto/a.
4. Número de identificación de los docentes en la aplicación “Fichero de docentes” del Servicio Navarro de Empleo-Nafar Lansare. Si no lo tuvieran, deberán solicitarlo a través del buzón [equipo.tecnico.sne@navarra.es](mailto:equipo.tecnico.sne@navarra.es).