**FICHA PARTICIPANTE CURSOS FEDERACIÓN STECyL-i**

**DATOS DEL CURSO**

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|  | Título: |  | | | | | |  |
|  | | | | | | | | |
|  | Fechas de impartición: | | |  | Horas: | |  |  |
|  | | | | | | | | |
|  | Organiza: | |  | | |  | |  |
|  | | | | | | | | |

**¿ERES AFILIADO/A?**

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| Sí □ No □ |  | No Provincia de afiliación \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DATOS PERSONALES**

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|  | N.I.F: | |  | | | |  | N.R.P: |  | | | | | | | |  | |
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|  | Apellidos: | | |  | | | | | Nombre: | | |  | | | | |  | |
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|  | Domicilio: | | |  | | | | | | | | | C.P: | **\_\_\_\_\_\_\_\_\_** | | |  | |
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|  | Localidad: | | |  | | | | | | | Provincia: | |  | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |
|  | Correo  Electrónico: | | |  | | | Teléfono de contacto: | |  | | | |  | | | | | |
|  | Fecha de nacimiento: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | | | |
| **NIVEL ACADEMICO** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  | Diplomatura | | |  | Licenciatura | | | |  | Grado | | | |  | FP Superior | | |
|  | | | | | | | | | | | | | | | | | | |

# COLECTIVO AL QUE PERTENECES

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|  |  | Funcionario Docente | | |  | Funcionario No Docente | | | | |  | | Interino | | | | |  | | Profesorado en Paro |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  |  | Profesorado en Centro Concertado | | | | | |  | | Personal Laboral Docente | | | | |  | Personal Laboral No Docente | | | | |
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| **ETAPA DOCENTE:** | | |  | Cuerpo de Maestras/ os | | |  | | Profesorado de Enseñanza Secundaria | | | | | | | |  | | Profesorado Técnicos de FP | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Profesorado de Escuelas Oficiales de Idiomas | | | | | | | |  | | Profesorado de Música | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Profesorado de Artes Plásticas y Diseño | | | | | | | |  | | Inspección de Educación | | | | | | |
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# DATOS DEL CENTRO DE TRABAJO

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nombre Centro de trabajo: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | Localidad: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | C.P.: | \_\_\_\_\_\_\_ | Provincia: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | | | | | | | | | | |
|  | Teléfono: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | |  | |
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# RESPONSABLES DE LA ACTIVIDAD (Cumplimentar sólo los responsables)

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|  | | | | | | | | |
|  |  | Director/a |  | Coordinador/a |  | Ponente |  | HORAS |
|  | | | | | | | | |

En , a de de 2021

Fdo.

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