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| **ANEXO: SOLICITUD DE AYUDA INDIVIDUAL PARA FORMACIÓN AÑO 2017** | | | | | | | | | | | | | | | | | |
| **DATOS DE IDENTIFICACIÓN DEL SOLICITANTE** | | | | | | | | | | | | | | | | | |
| **Apellidos y nombre** | | | | | | | **NIF** | | | | **Correo electrónico** | | | | | **Tfno. contacto** | |
|  | | | | | | |  | | | |  | | | | |  | |
| **Centro de trabajo** | | | | **Puesto de trabajo (perfil, etapa, ciclo, departamento, cargo)** | | | | | | | | | | | | | |
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| **DATOS DE IDENTIFICACIÓN DE LA ACCIÓN FORMATIVA** | | | | | | | | | | | | | | | | | |
| **Denominación de la acción** | | | | | | | | | | | | **Proveedor** | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| **Total horas** |  | | **Fechas de inicio y fin (hasta 15/11/2017)** | | | | | | | | | | |  | | |  |
| **BREVE JUSTIFICACIÓN DE LA SOLICITUD (CRITERIOS ESTABLECIDOS EN EL APARTADO 7 DE LA CONVOCATORIA):** | | | | | | | | | | | | | | | | | |
| **Cuantía de la ayuda solicitada (Máximo 300 Euros)** | | | | | | | | | | | | | | |  | | |
| **DOCUMENTACIÓN APORTADA** | | | | | | | | | | | | | | | | | |
| **Factura nº** | | | | | | **Importe total** | | | | **Fecha** | | | **Proveedor** | | | | |
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| **Certificado de asistencia** | | **Fecha** | | |  | | | **Emisor** | |  | | | | | | | |
| **Programa** | | **Breve descripción, si no adjunta programa** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **RESOLUCIÓN SOBRE LA CONCESIÓN (A RELLENAR POR LA COMISIÓN)** | | | | | | | | | | | | | | | | | |
| **Concedida** | | | | | | **Importe** | | | **Observaciones** | | | | | | | | |
| **SI NO** | | | | | |  | | |  | | | | | | | | |
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