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| **Récapitulatif des formations et certifications par promotion de stagiaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Organisme de formation – Formation:** | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | | **Spécialité :** | | | | | | | | |  | | |  | | |  | | | | |  | | |  | |  | | |  | | | | |  | | | | |
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| **Session n°** | | | | | | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | **Mention :** | | | | | | | | |  | | |  | | |  | | | | |  | | |  | |  | | |  | | | | | |  | | | |
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|  | | **NOM Prénom Candidat** | | | **Diplôme Acquis** | | | | **Poste et fonction occupée par le candidat** | | | | **Structure de mise en situation professionnelle (nom, adresse, CP, ville)** | | | | **NOM Prénom**  **Tuteur** | | | | **Fonction, qualification du tuteur (diplôme) et carte professionnelle (sport)** | | | | | | | | | **Téléphone et courriel du tuteur** | | | | | | | | **Financement de la formation[[1]](#footnote-1)** | | | | | | **UC1** | | | | | | **UC2** | | | | | | **UC3** | | | | | **UC4** | | | | | | | | **Total** | | | |
|  | | **Vol Hor** | | | | | | **Vol Hor** | | | | | | **Vol Hor** | | | | | **Vol Hor** | | | | | | | | **Vol Hor** | | | |
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| **1** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
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| **3** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
| **4** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
| **5** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
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| **7** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
| **8** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
| **…** |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | | |  | | |  |  | | |
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| Dispensé : Indiquer D | | | | | |  | | | | Dispensé mais suivant la formation : indiquer D + le vol horaire de formation suivie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Allégé : Indiquer A + le vol horaire de formation suivie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. Merci de préciser : OPCA, employeur, AGEPIPH, Pôle emploi, Conseil Régional (marché public, CARED collectif ou individuel, aide individuelle, apprentissage …), auto-financement. [↑](#footnote-ref-1)