**SOLICITUD ACTIVIDAD FORMATIVA**

**DATOS DEL CURSO**

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|  | Título | **FACTORES DE RIESGOS PSICOSOCIALES EN EL TRABAJO** | | | | | |  |
|  | | | | | | | | |
|  | Plazo de solicitud: | | **27 de septiembre al 8 de Octubre de 2021** | |  | | Horas: **50** |  |
|  | | | | | | | | |
|  | Fecha de realización: | | | **25 de Octubre al 15 de Noviembre de 2021** | | Modalidad: **ON-LINE** | |  |
|  | | | | | | | | |

**DATOS PERSONALES DEL SOLICITANTE**

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|  | N.I.F: | |  | | | |  | N.P.R.: | |  | | | | | | | | | |  | |
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|  | Apellidos: | | |  | | | | | Nombre: | | | | |  | | | | | |  | |
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|  | Domicilio: | | |  | | | | | | | | Localidad | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | |
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|  | Provincia: | | |  | | | | | | | | | | C.P.: | |  | | |  | |  |
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|  | Correo  electrónico | | |  | | | Teléfono: | |  | | | | | | | Móvil:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| **NIVEL ACADÉMICO** | | | | | | | | | | | | | | | | | | | | | |
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|  |  | E.S.O / Ciclo Medio | | |  | Bachillerato / Ciclo Superior | | | | |  | | Diplomatura | | | |  | Licenciatura | | | |
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# COLECTIVO AL QUE PERTENECES

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| *PAS FUNCIONARIO*  ESCALA: GRUPO: NIVEL: ÁREA FUNCIONAL: PUESTO: |
| *PAS LABORAL*  Grupo : Puesto / Categoría: |
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**DATOS DEL CENTRO DE TRABAJO**

Nombre Centro / Facultad:

Dirección:

Turno de Trabajo:

Nombre y Fecha de Solicitud