**SOLICITUD DE ASIGNACIÓN DE MOVILIDADES DE PERSONAL DOCENTE Y PAS DEL PROGRAMA ERASMUS+**

**CIFP HESPÉRIDES. CONVOCATORIA 2019-2020**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APELLIDOS** | |  | |  | | | | | **NOMBRE** | | | |  | | | | | | |
| **DOMICILIO** | |  | |  | | | | | | | | | | | | | | | |
| **CP** |  | | **POBLACIÓN** |  | | | | | | | | **PROVINCIA** | | | | |  | | |
| **TELÉFONO FIJO** | | |  |  | | | **TELÉFONO MÓVIL** | | | | | | |  | | | | | |
| **FECHA NACIMIENTO** | | |  |  | | | **LUGAR NACIMIENTO** | | | | | | |  | | | | | |
| **N. I. F.** | | |  |  | | **E-MAIL** | | |  | | | | | | | | | | |
| **ESPECIALIDAD** | | |  | | | | | | **TUTOR FCT** | | | | | | □ SI  □ NO | **ANTIGÜEDAD FCT** | |  | |
| **FAMILIA PROFESIONAL** | | |  | | | | | | | **ANTIGÜEDAD EN EL CIFP** | | | | |  | | | | |
| **IDIOMAS** | | |  | | |  | | | | **NIVEL** | | | | | * A2 * B1 * B2 * C1 | | | |
| **PAÍS DESTINO** | | |  | | |  | | | | **CONTACTO** | | | | | * SI * NO | | | |
| **TIPO DE MOVILIDAD DE FORMACIÓN** | | | | | * A una Empresa * A otra Institución | | | | | | | | | | | | | | |
| **DATOS EMPRESA O INTITUCIÓN DE DESTINO** | | | | |  | | | | | | | | | | | | | | |
| **SECTOR PROFESIONAL EMPRESA O INSTITUCIÓN DESTINO** | | | | |  | | | | | | | | | | | | | | |
| **¿HAS REALIZADO ALGUNA MOVILIDAD?** | | | | | * SI * NO | | | **¿DÓNDE?** | | |  | | | | | | | | |
| **TIPO DE MOVILIDAD EN LA QUE DESEA PARTICIPAR** | | | | | * **Formación Profesional (GM)** * **Educación Superior (GS)** | | | | | | | | | | | | | | |

**La presentación de la solicitud ERASMUS+ supone la aceptación del funcionamiento del Programa.**

**En Cartagena, a………de................................de..............**

Fdo.: --------------------------------------------­