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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA PERSONA BENEFICIARIA DE LA AYUDA**

|  |  |  |  |
| --- | --- | --- | --- |
| Apellidos y nombre |  | D.N.I. / N.I.E. / PASAPORTE |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Domicilio |  | Teléfono |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email |  | Sexo | H |  | M |  |

|  |  |
| --- | --- |
| Nacionalidad |  |

|  |  |
| --- | --- |
| Modalidad de ayudas |  |

*\*Seleccionar modalidad: Margarita Salas / Recualificación / María Zambrano* |
|  |
| **DATOS DEL CENTRO RECEPTOR**

|  |  |
| --- | --- |
| Centro Receptor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Duración de la estancia en años |   | País |  |

|  |  |
| --- | --- |
| Fecha de inicio de la estancia |  |

|  |  |
| --- | --- |
| Fecha de fin de la estancia |  |

Nombre y apellidos de la persona responsable en el Centro Receptor

|  |
| --- |
|  |

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|  |
| **LA PERSONA RESPONSABLE EN EL CENTRO RECEPTOR INFORMA QUE:**La persona beneficiaria de la ayuda ha desarrollado su estancia en las fechas establecidas en el Centro Receptor (dd/mm/aaaa).

|  |
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|  |

 |
| En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 202\_.La persona responsable del Centro Receptor,Fdo.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| La persona responsable del Grupo Receptor,Fdo.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |