|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 04-05-2020 | 3.5 | 09:00 - 12:30 |  |
| 05-05-2020 | 3.5 | 09:00 - 12:30 |  |
| 06-05-2020 | 3.5 | 09:00 - 12:30 |  |
| 07-05-2020 | 3.5 | 09:00 - 12:30 |  |

|  |  |
| --- | --- |
|  | J’atteste avoir reçu mon attestation de fin de formation LEJEUNE Christine |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | **Nom du formateur** | **Signature du formateur** | |  |  | |