|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 06-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 07-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 08-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 09-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 10-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 13-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 15-07-2020 | 3.5 | 09:00 - 12:30 |  |
| 16-07-2020 | 3.5 | 09:00 - 12:30 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation KOUCH Jean-Yves |

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