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| --- | --- | --- | --- |
| **Dates** | **Nombre d'heures** | **Horaires** | **Signature stagiaire** |
| 01-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 02-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 03-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 04-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 07-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 08-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 09-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 10-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 11-12-2020 | 3.5 | 14:30 - 18:00 |  |
| 14-12-2020 | 3.5 | 14:30 - 18:00 |  |

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|  | J’atteste avoir reçu mon attestation de fin de formation RIACHY Roula |

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