|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 prevista de inicio de la estancia |  |  |  |  | | --- | --- | | Fecha prevista de fin de la estancia |  |   Nombre y apellidos de la persona responsable en el Centro receptor   |  | | --- | |  | |
|  |
| **LA PERSONA RESPONSABLE EN EL CENTRO RECEPTOR INFORMA QUE:**  La persona beneficiaria de la ayuda se ha incorporado en el Centro receptor en la fecha   |  | | --- | |  | |
| En , a de de 202\_.  La persona responsable del Centro Receptor,  Fdo.: \_ |
| La persona responsable del Grupo Receptor,  Fdo.: \_ |