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