INDIVIDUAL IN-SERVICE TRAINING CASE FORM

Short Course
BURGUNDY WINEMAKING SPECIFICITIES
February 06th and 07th, 2017

Academic year 2016-2017

SEFCA USED ONLY FRAME

N° FORMATION : N° CONVENTION :

DOCUMENT TO BE ATTACHED TO THIS FORM
( can be sent by post or scanned and sent by e-mail)

☐ 1 Curriculum Vitae ☐ 1 Healthcare card Photocopy
☐ 1 Identity Card Photocopy ☐ 1 Photo ID (stick it in the frame below)

I hereby authorize the SEFCA to use my e-mail address to inform me about the new in-service training offers: Yes ☐

PERSONAL DETAILS

Mr. ☐ Ms. ☐ Mrs. ☐

Family Name: ........................................................................................................
First Name: ........................................................................................................
Birth name: ........................................................................................................

Street Address: ........................................................................................................
Zip Code: __/__/__/__/__/ City: ........................................................................................
Phone Number | Home: ............................................. Mobile: .............................................
Phone Professional: ............................................. E-mail address: .............................................

Nationality: French ☐ European Union ☐ Other ☐ (specify) .............................................
Date of Birth: __/__/__/__/__/__/__/__/ Birthplace: ............................................................
Country/state: ........................................................................................................
Recognized as being disabled Person: Yes ☐ No ☐

IF YOU ARE AN EMPLOYEE

Name of the Company: ........................................................................................................

Street Address: ........................................................................................................
Zip Code: __/__/__/__/__/ City: ........................................................................................
Phone Number: ............................................. Fax: .............................................
E-mail address: ........................................................................................................
Contact: ........................................................................................................

Stick your photo ID here

SEFCA : Service commun de Formations Continue et par Alternance - Université de Bourgogne
N° Siret : 192 112 373 00 589 - Numéro d’organisme de formation : 26.21.P0018.21
Maison de l’Université - Esplanade Erasme - BP 27877 - 21078 DIJON CEDEX
Tél : 03.80.39.51.80 - Fax : 03.80.39.51.85 - Courriel : formation.continue@u-bourgogne.fr
COURSES OPTIONS

Have you already attended / Are you attending the "Bordeaux Winemaking Specificities" course in Bordeaux? (a 20% discount is offered in this case) ☐

FUNDING ARRANGEMENTS

FUNDING CHARGED TO THE TRAINEE (FRAME 1)

If you are paying privately for the training costs (partially or entirely) please fill out this section.

Entirely ☐ Partially ☐ => Complete the employer’s Funding part (frame 2)

Amount of the training costs supported by the trainee :

Date :

Signature (required):

FUNDING CHARGED TO THE EMPLOYER (FRAME 2)

Entirely ☐ Partially ☐ => Complete the trainee’s Funding part (frame 1)

Amount of the training costs supported by the employer :

Company funding : A year civil invoicing

About the attachments to the invoicing :

☐ Sign-in sheets  Or  ☐ Global Certification of attendance with Co-signature Trainee / SEFCA’s director

Date :

Signature and Stamp (required):

RULES OF PROCEDURE OF THE SEFCA

This document can be downloaded on the SEFCA’s website, here is the full address: http://sefca.u-bourgogne.fr/images/stories/stories/docs/I014A_-_R%C3%A8glement_int%C3%A9rieur.pdf.

A paper version can be requested to your SEFCA correspondent.

I hereby certify that I understand the rules and procedures of the SEFCA.

Date:  Signature :

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