****INDIVIDUAL IN-SERVICE TRAINING CASE FORM****

**Short Course**

**Title of the training: TERROIR AND VINEYARD MANAGEMENT**

**Date of the Training: March 12th to 16th, 2018**

**Academic year 2017-2018**

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| **SEFCA USED ONLY FRAME** | |
| **N° FORMATION :** | **N° CONVENTION :** |

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| **DOCUMENT TO BE ATTACHED TO THIS FORM**  **(Can be sent by post or scanned and sent by e-mail)** | |
| 1 Curriculum Vitae  1 Identity Card Photocopy | 1 Healthcare 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

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| **PERSONAL DETAILS** | |
| Mr.  Ms.  Mrs.  Family Name: …………………………………..............................................  First Name: …………………………………………………………………………………..  Birth name: ………………………………………………………………………………….. | *Stick your photo ID here* |
| 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 | |

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| **IF YOU ARE AN EMPLOYEE** |
| Name of the Company: ………………………………………………………………………………………………………………………  Street Address: ………………………………………………………………………………………………………………………………….  Zip Code: \_\_/ \_\_/ \_\_/ \_\_/ \_\_/ City: ………………………………………………………………………………….  Phone Number: ……………………………..…………….. Fax: …………………………………………………………………..  E-mail address: ………………………………………………………………………………………………………………………………….  Contact: ………………………………………………………………………………………………………………………..………………….. |

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| **Educational agreement :** | **Date :** |

COURSE OPTIONS

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| * Have you already attended / Are you attending the "Terroir and vineyard management" course in Bordeaux? (a 20% discount is offered in this case) |
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FUNDING ARRANGEMENTS

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| **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 : euros | | |
| **Date :** | | **Signature (required):** |

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| **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 : euros  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):** | |

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| **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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| *The information collected in this file is the object of an IT processing intended to the administrative and educational management of the student. The addressee of those data is the services of the university. According to the law « Computing and Freedom» of January 6th 1978, you benefit from an access and correction right of the information that concerns you. If you wish to exercise that right and obtain communication of those information, please contact the Service Commun de Formations Continue et par Alternance (SEFCA).* |