**SOLICITUD ACTIVIDAD FORMATIVA**

**DATOS DEL CURSO**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
|  | Título | **“PROTECCIÓN DE DATOS PERSONALES Y GARANTÍA DE LOS DERECHOS DIGITALES, LEY ORGÁNICA 3/2018, DE 5 DE DICIEMBRE”** | | | | | |  |
|  | | | | | | | | |
|  | Plazo de solicitud: | | **1 al 15 de Junio de 2020** | |  | | Horas: **50** |  |
|  | | | | | | | | |
|  | Fecha de realización: | | | **1 al 30 de Septiembre de 2020** | | Modalidad: ON-LINE | |  |
|  | | | | | | | | |

**DATOS PERSONALES DEL SOLICITANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N.I.F: | |  | | | |  | N.P.R.: | |  | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Apellidos: | | |  | | | | | Nombre: | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Domicilio: | | |  | | | | | | | | Localidad | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Provincia: | | |  | | | | | | | | | | C.P.: | |  | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Correo  electrónico | | |  | | | Teléfono: | |  | | | | | | | Móvil:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  |  | | |  | | |  | |  | | | | | | |
| **NIVEL ACADÉMICO** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  |  | E.S.O / Ciclo Medio | | |  | Bachillerato / Ciclo Superior | | | | |  | | Diplomatura | | | |  | Licenciatura | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

# COLECTIVO AL QUE PERTENECES

|  |
| --- |
| *PAS FUNCIONARIO*  Grupo: Nivel: Unidad /Área / Puesto: |
| *PAS LABORAL*  Grupo : Puesto / Categoría: |
|  |
|  |
|  |
|  |

**DATOS DEL CENTRO DE TRABAJO**

Nombre Centro / Facultad:

Dirección:

Turno de Trabajo:

Nombre y Fecha de Solicitud