**ALLEGATO 5**  **a**

Azione di Sistema

Welfare to Work

Per le politiche di reimpiego

**PROGETTO A TITOLARITA’ REGIONALE**

**PROGETTO FORMATIVO**

**Dati Azienda proponente:**

Ragione sociale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

con sede nel Comune di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provincia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Via/Piazza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

telefono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rappresentante Legale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dati del lavoratore:**

Cognome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prov. \_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residente in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prov. \_\_\_\_\_\_\_\_\_\_\_\_ cap. \_\_\_\_\_ via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cod. fisc. |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**Requisiti in possesso del destinatario del progetto**

*(breve descrizione del profilo in termini di titolo di studio, eventuale formazione professionale, esperienze lavorative precedenti….)*

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**Tutor aziendale in affiancamento alla persona assunta**

Nome e Cognome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ruolo in azienda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Descrizione delle motivazioni e finalità del progetto**

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**Competenze specifiche che si intendono sviluppare con il progetto:**

di base

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tecnico-professionali

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trasversali/relazionali

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**Modalità attuative dell’intervento di adattamento delle competenze**

*(affiancamento, partecipazione a corsi di formazione, articolazione dell’attività di verifica/monitoraggio svolta dal tutor, etc.):*

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**Ripartizione monte ore**

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| **Ore apprendimento assistito** | | | | | **Ore autoapprendimento** | | | | | **Ore attività in situazione**  **di lavoro reale** | | | | **Totale ore**  (durata minima 40 ore) |
| Aula | Laboratorio | FAD sincrono | FAD on line | (altro: specificare) | Studio personale | Lavoro individuale su compito | Lavoro di gruppo su compito | Apprendimento  cooperativo on line | (altro: specificare) | Stage  orientativo | Stage  conoscitivo | Stage  professionalizzante | (altro: specificare) |
| Ore previste |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Scelte logistiche ed organizzative proposte. Risorse logistiche.**

*(Descrivere strutture e attrezzature dedicate al progetto: aule, laboratori informatici, laboratori multimediali, laboratori linguistici, etc.)*

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(data) (Timbro e firma del Rappresentante Legale)