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| **Bulletin d’inscription collective à un cours du programme****(pour les groupes à partir de 10 personnes)** |

**Nous nous inscrivons collectivement au cours**

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| **Coordonnées de la personne responsable de la demande** |

[ ]  Madame [ ]  Monsieur

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| Nom :       | Prénom :       |

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| Date de naissance :       | Fonction :       |

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| Établissement / institution :       |

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| Adresse de contact :       |

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| NPA :       | Localité :       |

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| No de téléphone :       | E-mail :       |

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| **Liste des participant-e-s** |

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|  |  |  | Nom, prénom |  | Etablissement / institution |  | Année(s)[[1]](#footnote-1) |

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| **2** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **3** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **4** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **5** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **6** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **7** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **8** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **9** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **10** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **11** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **12** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **Liste des participant-e-s (suite)** |

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| **13** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **14** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **15** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **16** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **17** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **18** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **19** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **20** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **21** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **22** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **23** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **24** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **25** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **26** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **27** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **28** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **29** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

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| **30** | [ ]  Mme | [ ]  M. |       |  |       |  |       |

*Un cours sur inscription collective se déroule en principe dans la région où les personnes inscrites enseignent, à condition que la salle prévue et son équipement correspondent aux nécessités de la formation.*

*Lorsque la formation choisie empiète sur le temps d’enseignement, il est de la responsabilité de l’enseignant-e de s’assurer – préalablement à toute inscription – de l’accord de sa direction d’établissement / institution.*

*Tout désistement au cours doit être annoncé par écrit au secrétariat de la Filière Formation continue de la HEP Vaud. En cas d’absence partielle, merci également de prévenir le secrétariat de la Filière Formation continue.*

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| Date :       | Signature :  |

*(une signature n’est pas obligatoire si ce formulaire est retourné à la Filière Formation continue sous format électronique)*

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| **Ce formulaire est à retourner à la Filière Formation continue de la HEP Vaud**, soit par courriel (fc@hepl.ch), soit par courrier postal (HEP Vaud, Filière Formation continue, av. de Cour 33, 1014 Lausanne). |

1. = années d’école dans lesquelles la personne qui s’inscrit enseigne. [↑](#footnote-ref-1)