**Mettre en place des espaces de discussion sur le travail**

**Session du 🞎 19 novembre ou session du 🞎 30 novembre 2021**(cochez la date choisie)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT(E)** | | | | | | | | | | | | | |
| **Nom – Prénom** | |  | | | | | | | | | | | |
| **Fonction** | |  | | | | | | | | | | | |
| **Tél fixe** | |  | | | | | | | | | | | |
| **Tél mob** | |  | | | | | | | | | | | |
| **E-mail** | |  | | | | | | | | | | | |
| *Cochez SVP* | | | | | |  | | | | | | | |
| 🞎 Employeur | | | |  | | | | |  | | | | |
| 🞎 DRH | | | | 🞎 Responsable RH | | | | | 🞎 DAF | | | | |
| 🞎 Délégué(e) du personnel | | | | 🞎 Délégué(e) syndical | | | | | 🞎 Autre (*précisez*) : | | | | |
| **Signature du participant** | | | | | | | | | | | | | |
| **ENTREPRISE / ORGANISATION SYNDICALE** | | | | | | | | | | | | | |
| **Raison sociale** | | |  | | | | | | | | | | |
| **SIRET** | | |  | | | | | | | | **APE** |  | |
| **Secteur d’activité** | | |  | | | | | | | | **Effectif** |  | |
| **Convention collective** | | |  | | | | | | | |  |  | |
| **Adresse** | | |  | | | | | | | |  |  | |
| **CP et Ville** | | |  | | | | | | | |  | |  |
| **Responsable de la formation**ou **personne à contacter** | | | | | | | | | | | | | |
| **Nom** |  | | | | | | **Tél** | | |  | | | |
| **Prénom** |  | | | | | | **Email** | | |  | | | |
| **Fonction** |  | | | | | |  | | |  | | | |
| **Cachet & signature de l’employeur** | | | | | | | | | | | | | |
|  | | | | |  | | | **A ………………., le …../……/……..** | | | | | |