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|--|---------------------------|----------|-------|----------------|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------------|--------------|-------|--|--|--|--|
| příloha č. 3 dohody o | | | | | | | | | | | | | | | | | | | | Čas výuky od - do: | XXXXX | | | | | |
| Plánovaný harmonogram vzdělávací aktivity | | | | | POVEZ II(CZ.03.1.52/0.0/0.0/15_021/00 | | | | | | | | | | | | | | | Lektor: | XXXXX | | | | | |
| Zaměstnavatel: | XX | | | | IČO: | XX | | | | | | | | | | | | | | | Místo výuky: | XXXXX | | | | |
| Název vzdělávací aktivity: | Akrální koaktivní terapie | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Harmonogram (dny, ve kterých se koná vzdělávací aktivita)* | | | | | | | | | | | | | | | | | | | | | |
| PČ | Jméno | Příjmení | Titul | Datum narození | 20.09.2017 | 21.09.2017 | 22.09.2017 | 23.09.2017 | 25.10.2017 | 26.10.2017 | 27.10.2017 | 28.10.2017 | 22.11.2017 | 23.11.2017 | 24.11.2017 | 25.11.2017 | 06.12.2017 | 07.12.2017 | 08.12.2017 | 09.12.2017 | | | | | | |
| 1 | XX | XX | XX | XX | | | | | | | | | | | | | | | | | | | | | | |
| 2 | XX | XX | | XX | | | | | | | | | | | | | | | | | | | | | | |
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Vyplňte pouze bílá pole

* V případě, že vzdělávací aktivita bude probíhat v určitém termínu denně, vypište do prvního sloupce datum od-do (např. 1.8.2016-20.8.2016).
V případě, že vzdělávací aktivita bude probíhat nepravidelně nebo pouze v určitý den v týdnu, vypište jednotlivé dny do připravených sloupců.

| | |
|-----------------|----|
| Datum: | |
| Vyřizuje: | XX |
| Číslo telefonu: | XX |
| Email: | XX |

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| jméno, příjmení, funkce a podpis oprávněné osoby (razítko) | XX |
|--|----|