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| PHOTO |

**DOSSIER DE DEMANDE DE VALIDATION DES ACQUIS (\*)**

**décret n°2013-756 du 19 août 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Maiden Name:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **First Name:** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **Date and place of birth:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | **Nationality:** | **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** |
| **Marital status:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | **Number of dependant children:** \_ \_ \_ \_ | |
| **Telephone:** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **email address:** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **N° I.N.S.E.E. :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **Address:** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |
| **FOR APPLICATION IN :** | | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |

**Validation requested for :**

* Foreign titles or degrees.
* Course undergone in a public or private training establishment/structure
* Professional experience acquired during a paid or unpaid activity, or work experience in the required field
* Knowledge or aptitudes acquired outside any kind of training system.

**(\*) BEWARE – This is not an application form**

**STUDIES (Higher education)\***

|  |  |
| --- | --- |
| **A-level/High school certificat/baccalaureat: (field, distinction)** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Degree received (year/place):** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Name of University** | **Diploma/Degree** | **Degree obtained** | |
| **Yes** | **No** |
|  |  |  |  | |

**Observations:** (Military service, professional experience, time spent abroad, work experience, etc)

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**What’s your motivation ?** What do you expect from the course you have requested ?

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If you are changing your career path please indicate why :

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\* In any other situation please see the "**training/courses**" table on page 4.

## PROFESSIONAL EXPERIENCES

Describe your professional experiences, focus on your skills.

Indicate the level of responsibility and attach formal documents.

|  |  |  |
| --- | --- | --- |
| **Year** | **Tasks, skills, level of responsabily, company name** | **Acquired skills** |
|  |  |  |

**TRAINING/COURSES**

Describe the different undergone courses (studies, work experience, seminars, apprenticeship..) and provide certificates (diplomas, work experience certificates, syllabi…).

|  |  |  |
| --- | --- | --- |
| **Year** | **Course** | **Acquired skills** |
|  |  |  |

## PERSONAL EXPERIENCES

Indicate all personal experiences related to the field : family responsibilities, associative responsibilities, voluntary activities, cultural activities, personnal accomplishments…

|  |  |
| --- | --- |
| **Year** | **Personal experiences** |
|  |  |

**WHAT ARE YOUR OBJECTIVES IN APPLYING FOR THIS COURSE ?**

**PROFESSIONAL PURPOSE :**

|  |
| --- |
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**MAIN GOALS AIMED WITH THIS COURSE :**

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**PERSONAL MOTIVATION :**

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### VALIDATION DES EXPERIENCES

[***Décret n°2013-756 du 19 août 2013 - art. 4 (V)***](#LEGIARTI000027857616)

***Les études, les expériences professionnelles et les acquis personnels peuvent être validés en vue de l'accès aux différents niveaux des formations postbaccalauréat dispensées par un établissement relevant du ministère de l'éducation nationale, dans les conditions fixées par le présent décret sous réserve de dispositions législatives ou réglementaires particulières.***

1. **DO YOU HAVE AN ONGOING OCCUPATION?**

|  |  |
| --- | --- |
| Tasks : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Company name : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Company address : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Phone : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

Seniority : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Full time  Part time  percentage : \_ \_ \_ \_ \_%

Do you think you benefit of in-house training ? YES  NO 

Could you negociate a partial absence ? YES  NO 

**B. ARE YOU UNEMPLOYED ?**

 You have been employed doing paid work

Are you registered in an employment center?  NO  YES

If yes: registry date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , do you receive compensation ? YES  NO 

Last job :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 You stopped working to raise your children and you would like to regain a professional activity.

 Other (specify): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### PLANNED FUNDING OF TRAINING

|  |  |
| --- | --- |
|  | **Name and address of the responsible** |
| **Plan de formation entreprise**  ***Training plan*** |  |
| **Congé individuel de formation**  ***Personnal leave for training*** |  |
| **Other (state employee, job seeker, ...)** |  |

I hereby certify the accuracy of the information contained in this file.

|  |  |
| --- | --- |
| Date: | Signature: |

**DECISION OF INSA’S PRESIDENT**

 Authorized registration in:

 Registration refused

Date :

|  |  |
| --- | --- |
| **Signature du Président de la Commission** | **Signature du Président de l'INSA** |

**FILE SUBMISSION**

The committee that examines the files gathers in June.

This file must be attached to the application file and sent to Service Formation Continue INSA, see address below.

**Before : 30th of April**

**FEES**

**300 €** for the examination and instruction of the candidacy (cheque to the order of « Agent Comptable de l’INSA Toulouse »).

**FORMAL DOCUMENT TO ATTACH**

* Copy of obtained diplomas (translated if necessary),
* All documents that evaluate your skills,
* Certificate of employment.

**Any incomplete file will not be followed up.**

This list is not limited, the candidate may complete his or her request with any documents that could help enlighten us on the nature and level of his or her knowledge and skill.

**FOLLOW UP**

**The answer will be sent by mail only to the candadates.**

**This file must be sent to the following address:**

**SERVICE FORMATION CONTINUE INSA**

**135, avenue de Rangueil**

**31077 TOULOUSE Cedex 4**

**Contact :**

**Jessica AUTOLITANO**

**Tél. : 05.61.55.95.68**

**email :** [**fcd@insa-toulouse.fr**](mailto:fcd@insa-toulouse.fr)