|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | **AYUDAS DE FORMACIÓN EN GESTIÓN DE LA INVESTIGACIÓN EN SALUD**  **MEMORIA FINAL** | | | | | | | | | | | | | | | | | | |
| **SUBDIRECCIÓN GENERAL DE EVALUACIÓN**  **Y FOMENTO DE LA INVESTIGACIÓN** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Expediente Nº | | | | | | | | | | | | | | | | |
| DATOS DE LA PERSONA BENEFICIARIA | | | | | | | | | | | | | | | |  |  |  | |  |  |  | | / | |  | |  |  |  |  | |
| NIF/Pasaporte/Tarjeta Residencia | | | | | | | | | | | Apellidos y Nombre | | | | | | | | | | | | | | | | | | | | | |
| 0 |  |  |  |  |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| Domicilio particular: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Población | | | | | | | | | | | | | Provincia | | | | | | | | | |  | |  | | Código postal | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
| Teléfono | | | | | | | | Correo electrónico | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En | | | | | | | | | | | | , a | | de | | | | | de | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma (original) de la persona beneficiaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Los datos personales que aparecen en este documento sólo serán objeto de tratamiento con la finalidad de tramitar los procedimientos de concesión, gestión y seguimiento de las subvenciones, en cumplimiento de la Ley 38/2003, de 17 de noviembre y de la Ley 19/2013, de 9 de diciembre, de transparencia, acceso a la información pública y buen gobierno, de conformidad con la Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos y garantía de los derechos digitales). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**AYUDA DE FORMACIÓN EN GESTIÓN DE LA INVESTIGACIÓN**

**MEMORIA FINAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Expediente Nº | | | | | | | | | | | |
|  |  |  |  |  |  |  | **/** |  |  |  |  |  |
| **Nombre de la persona beneficiaria**: | | | | | | | | | | | | |
| TITULO: | | | | | | | | | | | | |
| PALABRAS CLAVE: | | | | | | | | | | | | |
| RESUMEN: | | | | | | | | | | | | |

**AYUDA DE FORMACIÓN EN GESTIÓN DE LA INVESTIGACIÓN**

**MEMORIA FINAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Expediente Nº | | | | | | | | | | | |
|  |  |  |  |  |  |  | **/** |  |  |  |  |  |
| **Nombre de la persona beneficiaria**: | | | | | | | | | | | | |
| Objetivos concretos alcanzados (ordenar de igual forma que los planteados): | | | | | | | | | | | | |

**AYUDA DE FORMACIÓN EN GESTIÓN DE LA INVESTIGACIÓN**

**MEMORIA FINAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Expediente Nº | | | | | | | | | | | |
|  |  |  |  |  |  |  | **/** |  |  |  |  |  |
| **Nombre de la persona beneficiaria**: | | | | | | | | | | | | |
| Artículos publicados como consecuencia de la acción (adjuntar una separata de cada uno de ellos): | | | | | | | | | | | | |

**AYUDA DE FORMACIÓN EN GESTIÓN DE LA INVESTIGACIÓN**

**MEMORIA FINAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Expediente Nº | | | | | | | | | | | |
|  |  |  |  |  |  |  | **/** |  |  |  |  |  |
| **Nombre de la persona beneficiaria**: | | | | | | | | | | | | |
| **INFORME DEL RESPONSABLE DE LA FORMACIÓN DE LA PERSONA BENEFICIARIA VISADO POR EL/LA SUBDIRECTOR/A GENERAL DE EVALUACIÓN Y FOMENTO DE LA INVESTIGACIÓN (deben constar las fechas de inicio y finalización de la ayuda).** | | | | | | | | | | | | |

|  |  |
| --- | --- |
| En       , a    de       de | |
| Fdo. | Fdo. |
| Firma original del Subdirector/a General de Evaluación y Fomento de la Investigación | Vº Bº y firma original del tutor |