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**FICHE D’ORIENTATION LINGUISTIQUE**

[paseo@illettrisme.org](mailto:paseo@illettrisme.org)Date de l’orientation : \_ \_ / \_ \_ / \_ \_ \_ \_

Orientée par : France Travail Mission Locale Structure de proximité Autre**NOM**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Référent** :  Nom \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Téléphone \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_    Mail \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**INFORMATIONS SUR LE BÉNÉFICIAIRE**

**Nom de naissance**: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Nom d’usage/épouse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Prénom :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  **Nationalité :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Date de naissance :** \_ \_ / \_ \_ / \_ \_ \_ \_ **Ville et pays de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**N° du CIR :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  **Date de signature du CIR :** \_ \_ / \_ \_ / \_ \_ \_ \_

**Téléphone :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Adresse** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ QPV 

**France Travail**  **Mission Locale** **Identifiant \_** \_ \_ \_ \_ \_ \_ \_ \_ Agence \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Référent \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Emploi en cours/envisagé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Type de ressources : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Droits aux CPF : \_ \_ \_ Enfant(s) à charge :  Non   Oui    Nombre : \_ \_ \_ \_  Année(s) de naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mobilité** :  à pied /transports publics vélo    motorisé   **Permis** : Oui Non   En projet 

**PROFIL**  **LINGUISTIQUE (si connu)**

Oral --   Oral +   Oral ++  

Niveau scolaire et/ou diplômes obtenus \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date arrivée en France : \_ \_ / \_ \_ / \_ \_ \_ \_                Heures OFII prescrites : \_ \_ \_ \_ \_ \_ \_ h                       A1 validé : 

Période de la formation : du \_ \_ / \_ \_ / \_ \_ \_ \_   au \_ \_ / \_ \_ / \_ \_ \_ \_     à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Autres formations en français : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Merci d’apporter au RDV : CIR, évaluations parcours OFII, attestations/diplômes parcours FLE …**

**COMMENTAIRES SUR LE PARCOURS/ PROJET DU BÉNÉFICIAIRE**

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**En cochant cette case, j’atteste avoir informé le bénéficiaire de la raison et de la destination des données recueillies, ainsi que des droits qu’il peut exercer à leur sujet, en conformité avec les obligations inscrites au RGPD.**