

DIRECCIÓN DE DESARROLLO COMUNUTARIO DE PARTAMENTO DE GESTIÓN DE TALLERES

INFORME DE ACTIVIDADES MENSUAL DE PROFESOR DE TALLER PROGRAMA TALLERES RECREATIVOS Y DE DESARROLLO

| Mo | A second | JULIO | | | | | | | | | |
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| Nombre | FERNANDEZ SILVA | CAROLINA ELISA | | | | | | | | | |
| RUT | Período del C | ontrato 01/05 - 30/11 2025 | | | | | | | | | |

| ID | Nombre Taller | Horario 1 | Horario 2 | Lugar de Ejecución | Asistentes |
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| T. 2 | CANTO BASICO | VIE 15:00- 17:00 | - | | 4 |
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Firma prestador de los servicios



La Directora de Desarrollo Comunitario, de la Municipalidad de Las Condes, que firma al pie del presente informe, certifica y acredita fehacientemente que el/la Sr/a. FERNANDEZ SILVA CAROLINA ELISA, RUT: dio cabal cumplimiento durante el mes JULIO de 2025, a la función a honorarios para el cual fue contratado de acuerdo al respectivo contrato a honorarios, con cargo al Programa TALLERES RECREATIVOS Y DE DESARROLLO 2025.

Asimismo, apruebo el presente informe mensual de actividades realizadas para el cumplimiento de la función objeto de su contratación, el que fue revisado en forma exhaustiva por el suscrito, siendo toda la responsabilidad -con carácter de excluyente-, de este supervisor, ya sea que esta se origine en la ejecución de la función conforme al contrato; en la fidelidad del contenido del Informe Mensual del mes de JULIO de 2025; de todos los antecedentes que se acompañan por el servidor a honorarios; así como en la correcta verificación de que el contenido de dicho informe es de completa autoría de la/el Sra./Sr. FERNANDEZ SILVA CAROLINA ELISA.

| Nombre Director Desarrollo Comu | | Carolina C | ntreras Berrios | |
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| | PLANILLA CONTRO |)L | | | | | | | | | | | | |
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MARQUE CON UNA "P" SI ALUMNO ASISTIO A CLASES

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MARQUE CON UNA "J" SI ALUMNO HA JUSTIFICADO SU INASISTENCIA

N° DE ASISTENTES POR SESION

SE DEBERÁ SOLICITAR CERTIFICADO MÉDICO, AL INICIO DE CLASES, A LOS ADULTOS MAYORES QUE PARTICIPEN EN LOS TALLERES DE GIMNASIA, ZUMBA, HIDROGIMNASIA, NATACION, ARTES MARCIALES Y AEROBOX. ESTE DOCUMENTO SERÁ DE CARÁCTER OBLIGATORIO.

DE ASISTENCIA

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FIRMA PROFESOR

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DE ASISTENCIA F. INICIO **DEPARTAMENTO** INSCRIPCION MINIMA : Noyo (Con menos del mínimo se debe evaluar continuidad del taller) F. TERMINO **PROGRAMA** Loversca 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 ¿ES ADULTO **PRESENTA** MAYOR? CERTIF. MEDICO (SI / NO) (SI / NO) Si CV 2 Sì NO 3 4 No 810 5 No 6 7 5: 20 8 an No 9 5; No 10 11 12 13 14 15 16 17 18 19 20 21 22 23

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FIRMA PROFESOR