**Direction du Personnel**

**CONCOURS PROFESSIONNEL POUR L’ACCES AU GRADE DE MANIPULATEUR ELECTRORADIOLOGIE MEDICALE CADRE SUPERIEUR DE SANTE PARAMEDICAL (FILIERE MEDICO-TECHNIQUE)**

**DOSSIER ADMINISTRATIF ET RAPPORT HIERARCHIQUE**

**et des Affaires Sociales**

*162, avenue Lacassagne*

*Bâtiment B*

*69424 LYON Cedex 03*

**I - PARTIE A COMPLÉTER PAR LE BUREAU DU PERSONNEL DU CANDIDAT**

***CANDIDAT***

**NOM D’USAGE : NOM D’EPOUX(SE) :**

**PRÉNOM :**

***AFFECTATION ACTUELLE***

**ÉTABLISSEMENT :**

**UNITÉ D'AFFECTATION :**

**MATRICULE :**

#### DÉROULEMENT DE LA CARRIÈRE

**DATE D'ENTRÉE DANS LA FONCTION PUBLIQUE :**

**SERVICES EFFECTIFS DANS LE GRADE DE CADRE DE SANTE OU SURVEILLANT DES SERVICES MEDICAUX AU 01.01.2020 :**

**ABSENCES SANS TRAITEMENT DEPUIS LA NOMINATION AU GRADE DE SURVEILLANT(E) ou CADRE DE SANTE :**

***NOTATION (joindre les photocopies des fiches de notation)***

**2017 : 2019 :**

**2018 : 2020 :**

**INSCRIPTION(S) AUX CONCOURS SUR TITRES DE CADRE SUPERIEUR DES ANNÉES PRÉCÉDENTES :**

 **OUI NON**

**Année(s), établissement et profil de poste :**

***AFFECTATIONS SUCCESSIVES DU CANDIDAT***

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| **ÉTABLISSEMENT** | DISCIPLINE DE SOINS | **PERIODE DU AU** |
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**II - PARTIE A COMPLETER PAR LA DIRECTION DES SOINS OU LE CAS ECHEANT PAR LE SUPERIEUR HIERARCHIQUE DIRECT DU CANDIDAT**

##### APPRÉCIATIONS PORTÉES SUR LES CONNAISSANCES DU CANDIDAT

## CONNAISSANCES PROFESSIONNELLES

- EN ACTES PROFESSIONNELS

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- EN GESTION

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- EN MANAGEMENT

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1. **COMPETENCES**

En gestion et coordination des soins, en gestion économique, des ressources humaines, managériale

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***LE CANDIDAT A-T-IL FAIT LA PREUVE DE SES CAPACITES A ASSUMER DES RESPONSABILITES SUPERIEURES ?* *(rayer la mention inutile)***

 **OUI NON**

**Si OUI, illustrer l'évaluation d'exemples précis :**

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**Si NON, un complément de formation serait-il de nature à améliorer les aptitudes ?**

**Lequel :**

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###### **ESTIMEZ-VOUS QUE LE CANDIDAT A LES CAPACITES A ASSUMER**

###### **DES RESPONSABILITES SUPERIEURES (rayer la mention inutile)**

 **OUI NON**

**Si NON, donnez-en les raisons :**

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**PARTICIPATION (tant au niveau de l’établissement qu’au niveau de l’institution) :**

* **A DES TRAVAUX ET/ OU A DES ACTIONS TRANSVERSAUX**

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* **PUBLICATIONS**

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**Décrivez si nécessaire les aptitudes particulières du candidat (écoute, communication pédagogie….)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE :**

**Signature du Directeur des Soins ou du Supérieur Hiérarchique direct**

**DATE :**

**Signature du Directeur du Personnel**

**De l’établissement,**

**Je soussigné**

**candidat au concours de cadre supérieur de santé, atteste avoir pris connaissance du rapport hiérarchique me concernant.**

**DATE :**

 **Signature du Candidat**