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| **Anmeldebogen Berufsberatung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nachname: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geburtsdatum: | | | |  | | | | | | | | | | | | | | | | | | Geburtsort: | | | | | | | |  | | | | | | | |
| Geschlecht: | | | | | | | männlich | | | | | | weiblich | | | | | | | | | Staatsangehörigkeit: | | | | | | | | | |  | | | | | |
| Familienstand: | | | | |  | | | | | | | | | | | | | E-Mail\*: | | | | | |  | | | | | | | | | | | | | |
| Rentenversicherungsnummer: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postleitzahl/Ort: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße/Hausnummer: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon/Handy\*: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liegt eine Schwerbehinderung vor? | | | | | | | | | | | | | | | nein | | | | | ja | | | | | Grad der Behinderung: | | | | | | | | | | 30 - unter 50  50 - 100 | | |
| \*Diese Angaben sind freiwillig. Über diesen Weg können wir zum Beispiel bei Terminverschiebungen oder sonstigen Fragen schneller mit Ihnen in Kontakt treten. Ihre Zustimmung zur Nutzung dieser Daten können Sie jederzeit ohne Angabe von Gründen mit Wirkung für die Zukunft widerrufen. Mit Angabe der Telefonnummer stimmen Sie der internen Nutzung und der Verwendung im Rahmen der Arbeitsmarkt- und Berufsforschung zu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Schulische Daten – aktuelle oder zuletzt besuchte Schule** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Von/seit: | |  | | | | | | | | | | Bis: | | | |  | | | | | | | | | | Ort: | | |  | | | | | | | | |
| Schulart: |  | | | | | | | | | | | | | | | | | | Name der Schule: | | | | | | | | |  | | | | | | | | | |
| Angestrebter/ erreichter Abschluss: | | | | | | | | | | | | | |  | | | | | | | | | | | | | Klasse: | | | | | |  | | | | |
| **Daten zu Ausbildung/Studium** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Zeitraum** | | | | | | | | | **Beruf/Studienfach** | | | | | | | | | | | | | | **Firma/Hochschule** | | | | | | | | | | | | | **Abschluss** | |
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| **Daten zu Praktika, Wehr-/Freiwilligendienst, Auslandsaufenthalt, Arbeitsverhältnis o. Ä.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Zeitraum** | | | | | | | | | **Bezeichnung** | | | | | | | | | | | | | | **Firma, Institution, Ort** | | | | | | | | | | | | | | |
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| **Was möchten Sie mit Ihrer Beraterin/Ihrem Berater besprechen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zusätzliche Angaben ausländischer Kundinnen und Kunden** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Einreisedatum: | | | | |  | | | | | | | | | | | | | | | | Aufenthaltsstatus bis: | | | | | | | | | |  | | | | | | |
| Tag Monat Jahr | | | | | | | | | | | | | | | | Tag Monat Jahr | | | | | | |
| Blaue Karte | | | | | | | | | | | | | | | | | Aufenthaltserlaubnis | | | | | | | | | | | | | | | | | Visum | | | |
| Niederlassungserlaubnis | | | | | | | | | | | | | | | | | Aufenthaltsgestattung | | | | | | | | | | | | | | | | | Duldung | | | |