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| Maßnahmeträger:       | Maßnahmethema:             |
| **Teilnehmerliste****(pro Maßnahme nur eine Teilnehmerliste im Original einreichen)** | Maßnahmedatum:      Maßnahmeort:      Lfd.Nr. der Maßnahme im Einzel-Verwendungsnachweis:       |

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| Lfd. Nr. | Vorname, Nachname | Postleitzahl | Dienstort | Bitte Zutreffendes ankreuzen | Unterschrift |
| **hier 1 Kreuz****tätig in Bayern** **in der****Altenpflege** | **hier 1 Kreuz****tätig als** |  |
| Fachkraft | Hilfs-kraft | Ehren-amtl. | An-gehör. |
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| Lfd. Nr. | Vorname, Nachname | Postleitzahl | Dienstort | Bitte Zutreffendes ankreuzen | Lfd. Nr. der Maßnahme       |
| **hier 1 Kreuz****tätig in Bayern** **in der**Altenarbeit, Altenpflege, Familienpflege | **hier 1 Kreuz****tätig als** | Unterschrift |
| Fachkraft | Hilfs-kraft | Ehren-amtl. | An-gehör. |
|     |       |       |       |       |       |       |       |       |  |
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