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| Antragsteller:       | Maßnahmethema:             |
| **Teilnehmerliste****(pro Maßnahme nur eine Teilnehmerliste im Original einreichen)** | Maßnahmedatum:      Maßnahmeort:      Laufende Nummer der Maßnahme laut Antrag:       |

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| Lfd. Nr. | Vorname, Nachname in Druckbuchstaben | Postleitzahl | Dienstort | Bitte Zutreffendes ankreuzen |  |
| **Hier 1 Kreuz****tätig in Bayern** **in der****Altenpflege** | **Hier 1 Kreuz tätig als** | Unterschrift |
| Pflege-Fachkraft | PflegeHilfskraft | Ehrenamtliche | Ange-hörige | Betreu-ungskraft nach § 53b SGB XI |
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| Lfd. Nr. | Vorname, Nachname | Postleitzahl | Dienstort | Bitte Zutreffendes ankreuzen | Lfd. Nr.       |
| **Hier 1 Kreuz****ob tätig in Bayern** **in der****Altenpflege** | **Hier 1 Kreuz tätig als** | Unterschrift |
| Pflege-Fachkraft | PflegeHilfskraft | Ehrenamtliche | Angehö-rige | Betreu-ungskraft nach§ 53b SGB XI |
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