|  | **Antragsformular**  SCHILF  SCHÜLF (AHS) | Dokument  III.2.2-10-04a | Version  B |
| --- | --- | --- | --- |
| Änd.dat.  2016-06-20 | Seite 1 von 2 |

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| Veranstaltungsort: | | | | | | | | | Schule: | | |
| Schulleiter/in: | | | | | | | | | Schulkennzahl: | | |
| E-Mail: | | | | | | | | | Tel.: | | |
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| Titel | | |  | | | | | | | | |
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|  | **Anzahl der Einheiten (UE)** | | | | | | | Teilnehmende Schulen bei SCHÜLF: | | | |
|  | **Anzahl der Halbtage** | | | | | | |  | | | |
|  | **Anzahl der Teilnehmer/innen** | | | | | | |  | | | |
| Datum: | | | | | | 1.Termin: | | | Beginn: | | Ende: |
|  | | | | | | 2.Termin: | | | Beginn: | | Ende: |
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|  | | | | | | **Name** | | | **E-Mail** | | **Tel.** |
| **Seminarleiter/in:** | | | | | |  | | |  | |  |
| **Lehrende/r:** | | | | | |  | | |  | |  |
| **Lehrende/r:** | | | | | |  | | |  | |  |
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| Inhalt: | | Bitte nur aussagekräftige Wortgruppen zum Inhalt anführen (Beginnen mit Großbuchstaben)  -  -  - | | | | | | | | | |
| Ziel: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Anmerkung: | | | | | | | | | | | |
| **Bitte senden Sie das ausgefüllte Formular** | | | | | | | | | | | |
| **Mag. Andrea Losek** | | | | | | | E- Mail: andrea.losek@ph-noe.ac.at | | | Tel.: 02252 88570-204 | |

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| --- | --- | --- | --- |
| Änd.dat.  2016-06-20 | Seite 2 von 2 |

**Liste der Teilnehmer/innen oder**   **alle Lehrer/innen**

|  |  |
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| **Name** | **Name** |
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