|  | **Antragsformular**  SCHILF  SCHÜLF (BMHS) | Dokument  III.2.2-10-04b | Version  C |
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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** | | | | | | | | | | | |
| **MMag. Birgit Schmiedl** | | | | | | | E-Mail: [birgit.schmiedl@ph-noe.ac.at](mailto:birgit.schmiedl@ph-noe.ac.at) | | | Tel.: 02252 88570-231 | |

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

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