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| **Anmeldebogen Berufsberatung** | | | | | | | | | | | | | | | | | | |
| **Persönliche Daten** | | | | | | | | | | | | | | | |  | | |
| Nachname: | | …………………………………………………………………………………………………. | | | | | | | | | | | | | | | | |
| Vorname: | | …………………………………………………………………………………………………. | | | | | | | | | | | | | | | | |
| Geburtsdatum: | |  | | | | | | | | Nationalität: | | | ………………………………………. | | | | | |
| Tag Monat Jahr | | | | | | | |
| Geschlecht: | | | männlich | | | | weiblich Familienstand: | | | | | | | ……………………………………. | | | | |
| Geburtsort: | | | | ………………………………… Geburtsname: ……………………………………. | | | | | | | | | | | | | | |
| Rentenversicherungsnummer: | | | | | | ………………………………….……..…………………………………..…. | | | | | | | | | | | | |
| Postleitzahl/Ort: | | | | ………………………………………………………………………………………………. | | | | | | | | | | | | | | |
| Straße/Hausnummer: | | | | | ……………………………….………………………………………………………… | | | | | | | | | | | | | |
| Telefon: | | | | ………………………………………………………………………………………………. | | | | | | | | | | | | | | |
| Handy: | | | | ………………………………………………………………………………………………. | | | | | | | | | | | | | | |
| E-Mail: | | | | ………………………………………………………………………………………………. | | | | | | | | | | | | | | |
| Liegt eine Schwerbehinderung vor? | | | | | | | | | nein | | | ja | | | Grad der Behinderung:  30 - unter 50  50 - 100 | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Schulische Daten** | | | | | | | | | | | | | | | | | | |
| Zurzeit/zuletzt besuchte Schule: | | | | Von/seit: …………………………… | | | | | | | Bis: …………………………………………… | | | | | | | |
| Schulart: | | | | ………………………………………. | | | | | | |  | | | | | | | |
| Name der Schule: | | | | ………………………………………. | | | | | | | Ort ……………………………………………. | | | | | | | |
| Angestrebter/ erreichter Abschluss: | | | | ………………………………………. | | | | | | | Klasse: ………………………………………. | | | | | | | |
| **Terminwunsch** | | | | | | | | | | | | | | | | | | |
| Schulsprechstunde | | | | | | | | | | | | | | | | | ja | nein |
| Agentur für Arbeit | | | | | | | | | | | | | | | | | ja | nein |
|  | | | | | | | | | | | | | | | | |  |  |
| **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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