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| Anmeldung einer Bildungsveranstaltung | | | | | | | |  | | | | | | | | | | |  | EEB Niedersachsen – Landesgeschäftsstelle Archivstr. 3, 30169 Hannover Telefon (0511) 1241-413, Fax (0511) 1241-465 EEB.Niedersachsen@evlka.de | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |  | |
| Thema oder Standardkursnummer: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | Diese Spalte wird von der EEB ausgefüllt. | | | | | | | | | | | |
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|  |  | | Vorbehalte: | | | | | | | | | | | |
| Zielgruppe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  |  |  |  |
| Ausschreibungstext: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | KMK: | | | | | | | | | |
|  | | | | EEB: | | | | | | | | | |
|  | | | | Veranstalt.-form: | | | | | | | | | |
|  | | | |  | | 30 - KurzV. | | | | | | | |
| 32 – Tagessem. | | | | | | | |
|  | | | |  | | 40 - Seminar | | | | | | | |
| 50 – AK/Kurs | | | | | | | |
| Termine: | | | | Beginndatum: | | |  | | | | | | | | | | | Uhrzeit: | | |  | | | | | Endedatum: | | | | | |  | | | | | Uhrzeit: | | | |  |  | | | |  | | 51 – Zert.-Kurs | | | | | | | |
|  | |
| An folgenden Tagen und zu folgenden Zeiten finden die einzelnen Treffen statt: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bildungsart: | | | | | | | | | |
|  |  | täglich | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | |  | | | |  | | | |  |  | | | | allgemeine Bildung | | | | | | | | | |
|  |  | Montag bis Freitag | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | |  | | | |  | | | |  |  | | 08 | | | | | | | |
|  |  | wöchentlich, am | | | | | | | | | |  | | | | | | (Wochentag), von | | | | | |  | | | | | | bis | | |  | | | | Uhr | | | |  |  | | | | bes. gesell. Erford. | | | | | | | | | |
|  |  | vierzehntäglich, am | | | | | | | | | |  | | | | | | (Wochentag), von | | | | | |  | | | | | | bis | | |  | | | | Uhr | | | |  |  | | | 10 – pol. | | | | | | |
|  |  | monatlich, am 1./2./3./4./letzten | | | | | | | | | |  | | | | | | (Wochentag), von | | | | | |  | | | | | | bis | | |  | | | | Uhr | | | |  |  | | | |  | | | 11 – ökon. | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 12 – ökol. | | | | | | |
|  |  | an folgenden einzelnen Tagen: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 13 – länd. Raum | | | | | | |
|  |  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 20 – W.u.N. | | | | | | |
|  | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | |  | | | |  | | |
| Berechnung der Bildungsarbeit: | | | | | | | | |  | |  | | | | Anzahl der Treffen mal | | | | | | | | | | | |  | | | | Minuten= | | |  | | | | | | Gesamtmin. | |  | | | |  | | | 21 – Fr. | | | | | | |
|  | | | 22 – Ehrenamt | | | | | | |
|  | | | | | | | | |  | |  | | | | |  |  | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | |  | | |
| Veranstaltungsort mit PLZ: | | | | | | | | |  | |  | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 23 – Beh. | | | | | | |
|  | | | 24 – Elt./Fam. | | | | | | |
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| Tagungsstätte (mit Straße): | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | 30 – Zw. Bw. | | | | | | |
|  | | | 31 – Alphab. | | | | | | |
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|  | Dieses Seminar soll als Bildungsurlaubsseminar anerkannt werden. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teilnahmegebühr: | | | | | | |  | | | |  | | | 32 – Integr. | | | | | | |
|  | | | 40 – Orient. | | | | | | |
|  | Diese Veranstaltung wird mit Bundesmitteln gefördert. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | 41 – Qual. | | | | | | |
|  | | | 42 – Kiga/Schul. | | | | | | |
|  | Kinderbetreuung wird angeboten. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | 50 – Uni. | | | | | | |
| außerhalb NEBG | | | | | | | | | |
| Örtlicher Ausrichter: | | | | |  | | | | | | | | | | | | | | | | | | Kursleiterin oder Kursleiter: | | | | | | | | | | | |  | | | | | | |  | | | |  | | | 09 | | | | | | |
|  | | |
| Wenn Sie schon bei der EEB erfasst sind, reicht die Angabe des Namens oder Institution. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Institution: | | |  | | | | | | | | | | | | | | | | | | |  | Name: | | | | |  | | | | | | | | | | | | | |  | | | | Finanzhilfe: | | | | | | | | | |
| Bildungsminuten: | | | | | | | | | |
| Ansprech-P.: | | |  | | | | | | | | | | | | | | | | | | |  | Amt/Funktion: | | | | |  | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | |
|  | | |  | | | | | | |
| Straße: | | |  | | | | | | | | | | | | | | | | | | |  | Straße: | | | | |  | | | | | | | | | | | | | |  | | | | Ustd.-Satz: | | | | | | | | | |
|  | | |  | | | | | | |
| PLZ Ort: | | |  | | | | | | | | | | | | | | | | | | |  | PLZ Ort: | | | | |  | | | | | | | | | | | | | |  | | | | Pauschale: | | | | | | | | | |
|  | | |  | | | | | | |
| Telefon: | | |  | | | | | | | Fax: | | | |  | | | | | | | |  | Telefon: | | | | |  | | | | | | | | Fax: | | |  | | |  | | | | Kinderbetreuung: | | | | | | | | | |
| Ustd.-Satz: | | | | | | | | | |
| E-Mail: | | |  | | | | | | | | | | | | | | | | | | |  | E-Mail: | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| Fortsetzung: | | | | | | | | | |
| Zahlungs-empfänger: | | |  | | | | | | | | | | | | | | | | | | |  | Tätigkeit / Ausbildung: | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
|  | | | | | | | | | |
| Landkreis: | | |  | | | | | | | | | | | | | | | | | | |  | KK-Zuord- nung: | | | | |  | | | | | | | | | | | | | |  | | | |
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| weitere Referent-/innen und Mitarbeiter/-innen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| 1) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | *Datum/Unterschr.:* | | | | | | | | | |
| 2) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |

