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| Antrag auf Genehmigung der Konzeption einer  Gruppenumschulung gemäß § 62 BBiG |  | Datenfeld Handelskammer Hamburg | | |  |
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|  | Umschulungsmaßnahme |  |  |  |
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|  |  |  | Konzept-Nummer |  |
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|  | Antrag geprüft und genehmigt |  |  |  |
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|  |  |  | (Datum und Handzeichen) |  |
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|  |  | Name und Anschrift des Bildungsträgers | | |  |
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|  | Fachrichtung / Schwerpunkt | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Dauer gemäß Ausbildungsordnung | | | | | | | | | |  | | | Monate | | | | | | | | | | | | | | | | | | | |  |
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|  | Dauer der Umschulung (Vollzeit) | | | | | | | | 16 Monate | | | | | | 21 Monate | | | | | | | | | 24 Monate | | | | | 28 Monate | | | |  |  |
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|  | Betrieblicher Praxisanteil | | | |  | | | | | Monate | | |  |  | | | | | | Monate | |  |  | | | Monate | |  |  | | Monate | |  |  |
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|  | Teilzeit | |  | | | Stunden pro Woche | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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|  | Beginn der Maßnahme | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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|  | Maximale Anzahl der Teilnehmer/-innen | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | Dem Antrag sind folgende Unterlagen beizufügen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Umschulungskonzept | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Unterrichtsplan (Rahmenlehrplan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Fächerübersicht mit Wochenstunden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Sachliche und zeitliche Gliederung (betrieblicher Ausbildungsplan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Namensliste der Ausbilder/-innen mit Qualifikation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Liste der Praktikumsbetriebe mit Nachweis der Ausbildungsberechtigung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Vereinbarung mit Praxisbetrieben (Muster) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Ort, Datum | | |  | | | | Stempel und Unterschrift des Bildungsträgers | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Antrag auf Genehmigung der Konzeption einer Gruppenumschulung | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | |  | | Seite 2 | |  |
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|  | **Liste der Ausbilder und Ausbilderinnen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Umschulungsträger | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Ausbildungsberuf | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Ausbilder/-in** (Name und Vorname) | | | | | | | | | | | | | | | **Qualifikation** | | | | | | | | | | | | | | | | | |  |
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