|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deckblatt für die Reporte** |  |  |  |  |
|  |  | [ ]  Report 1 |  |
|  |  |  |
|  |  |  |  |
|  |  | **[ ]** Report 2 |  |
|  |  |  |
|  |  |  |  |
|  |  | **Bitte beachten Sie die formalen und inhaltlichen Hinweise zur Erstellung der Reporte.** |  |
|  |  |  |
|  |  |  |
|  |  |  |  |

**Prüfungsteilnehmer** [ ]  Frau [ ]  Herr **Ausbildungsbetrieb**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |       |
|  |
|  | Name, Vorname |
|  |
|  |       |
|  |
|  | Straße, Hausnummer |
|  |
|  |       |  |       |
|  |  |
|  | PLZ |  | Ort |
|  |  |
|  |       |  |       |
|  |  |
|  | Geburtsdatum |  | Geburtsort |
|  |  |
|  |       |  |       |
|  |
|  | Telefon privat |  | E-Mail |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |                      |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Name und Anschrift des Ausbildungsbetriebes |  |
|  |  |  |
|  |  |       |  |
|  |  |  |
|  |  | Ausbilder |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | zum Fallbezogenen Fachgespräch **Kaufmann/-frau für Groß- u. Außenhandelsmanagement** |  |
|  |  |
|  |  |  |
|  | **Abschlussprüfung Teil 2** | **[ ]** Sommer | **[ ]**  Winter | des Jahres  |       |  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  | Thema der betrieblichen komplexen Fachaufgabe / des Reports:  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  | Ich versichere, die betriebliche Fachaufgabe selbstständig durchgeführt und den Report persönlich erstellt zu haben. Des Weiteren versichere ich, weder Inhalte noch teilweise oder vollständige Passagen aus anderen Reporten übernommen zu haben, die bei der prüfenden oder einer anderen IHK eingereicht wurden. |  |  | Ich bestätige, dass der/die o.g. Prüfungsteilnehmer/Prüfungsteilnemerin die betriebliche Fachaufgabe selbstständig durchgeführt und die Reporte persönlich erstellt hat. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |
|  | Ort, Datum, Unterschrift des Prüfungsteilnehmers |  |  | Ort, Datum, Unterschrift/Stempel des Ausbildungsbetriebes |  |
|  |  |
|  |  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |  |
|  |  |
|  |  |
|  |  |  |
|  |   |  |  |
|   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |