Liste der Teilnehmenden

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| **Träger der Maßnahme:** | AEJ Mönchengladbach |
| **Durchführungsort:** |  |
| **Dauer der Maßnahme:**  (von/bis) |  |
| **Aktenzeichen:**  (siehe Eingangsbestätigung) |  |

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| Lfd. Nr. | **Name, Vorname** | **B=**  Betreuer  **L**=  Leiter | **beruflicher Status** (z.B. Schüler\*in, Azubi, berufstätig, arbeitslos) | **Geburtsdatum** | **Straße, Hausnummer** | **PLZ, Wohnort** | Bei Behin- derung  bitte „x“ |

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