**Grundkompetenzen Erwachsene: Präsenzliste Firmenkurs-Nummer:**

|  |  |
| --- | --- |
| **Kriterien**  | **Beschreibung** |
| **A) Anbieter**  |
| Anbieter: |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B) Betrieb (Firma)** |
| Betrieb: |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C) Kurs gemäss Weiterbildungsgesetz Art. 12** |
| Kursdaten von - bis: |       |
| Kursort: |       |
| Kursleitung (Tel., Email):  |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D) Präsenzangaben Teilnehmer/-in** |  | **Einträge Kurstage und Visum-Kürzel der Teilnehmenden** |  |  |
| **Name / Vorname** | **PLZ / Ort** | **Geburts-datum**  | **Geschlecht w / m** |       |       |       |       |       |       |       |       |       |       |       | **Kurs-präsenz in %** | **Bemerkung** |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E) Unterschrift Kursleiter/-in** |
| Ort, Datum:      | Unterschrift Kursleiter/-in: |

mit Subventionsabrechnung einreichen an hanspeter.steiner@sg.ch (Telefon 058 229 38 78)