****Monat:3

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| **Nr.** | **Name** | **Vorname** | **Geschlecht (m/w)** | **Kunden-Nr./**  **BG-Nr.** | **Wohnort-Dienststelle** | **Teilnahmedauer**  **von bis** | | **Die praktische Unterweisung im Berichtszeitraum fand statt** | |
| in Eigenregie | bei Kooperationsbetrieb/en (Name/n)\* |
| **1.** |  |  |  |  |  |  |  |  |  |
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| **29.** |  |  |  |  |  |  |  |  |  |