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| **Hinweis:**  Füllen Sie dieses Formular erst aus, nachdem Sie das Formular *Anmeldung Stiftung Altried* ([QF4104](file:///Users/cat/Downloads/QF4104_Anmeldung%20Stiftung%20Altried.docx))ausgefüllt haben.  Bei Fragen zögern Sie nicht, uns anzurufen! |

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| **Name:** | | | |  | | | | | | | | | | **Vorname:** |  | | | | | | **Geb.-Datum:** | | |  | |
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| **Gewünschter Arbeitsplatz:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Produktion:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Produktionswerkstatt | | | | | | | | Lager | | | | | | | Reinigung | | | | | Unterhalt Umgebung | | |
|  | **Gastronomie:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Küche | | | | | | | | Service | | | | | | | Verkauf | | | | |  | | |
|  | **Hauswirtschaft:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Reinigung | | | | | | | | Wäscherei | | | | | | |  | | | | |  | | |
|  | **Technischer Dienst** (Unterhaltsarbeiten & Reinigung, Garten) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Ferienzentrum Wannental** (Garten, Tierpflege, Hauswirtschaft, Eigenproduktion) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Administration** (Büroarbeiten) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Mitarbeiterin Gruppenassistenz** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bemerkung: | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Gewünschtes Eintrittsdatum:** | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Schulen, Aus- und Weiterbildungen:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art der Aus- und Weiterbildung: | | | | | | | | | | | | | | Schule: | | | | | | von / bis (Bsp.: 01.2014 - 12.2015) | | | | | |
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| **Berufspraxis:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funktion: | | | | | | | | | | | | | | Arbeitgeber: | | | | | | von / bis (Bsp.: 01.2014 - 12.2015) | | | | | |
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| **Merkmale / Einschränkungen:** | | | | | | | | | | | | | Bemerkungen / Hinweise | | | | | | | | | | | |
|  | | gehbehindert | | | | | | | | | | |  | | | | | | | | | | | |
|  | | Rollstuhl | | | | | | | | | | |  | | | | | | | | | | | |
|  | | hörbehindert | | | | | | | | | | |  | | | | | | | | | | | |
|  | | sehbehindert | | | | | | | | | | |  | | | | | | | | | | | |
|  | | kognitiv eingeschränkt | | | | | | | | | | |  | | | | | | | | | | | |
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| **Medikamente:** | | | | | | | | | | | | | | | | | | | | | | | | |
| ja | | | | | | nein | | |  | BewerberIn möchte Medikamente nicht bekannt geben. | | | | | | | | | | | | | | |
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| Unterschrift BewerberIn:     ………………………….. | | | | | | | | | Unterschrift Beistand/Beiständin:   ………………………….. | | | | | |
| Wenn ja: | | | | | **Medikament / Dosis / Verabreichungsform** | | | | | | | | | | | | | | | | | | | |
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| **Was ist mir noch wichtig mitzuteilen?** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ich habe / Wir haben die Anmeldeformulare vollständig und wahrheitsgetreu ausgefüllt:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ort / Datum: | | | | | | |  | | |  | | | | | | Unterschrift BewerberIn: | | | | | |  | | | |
| Ort / Datum: | | | | | | |  | | |  | | | | | | Unterschrift Beistand/Beiständin: | | | | | |  | | | |
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| **Den Anmeldeformularen** (Grundanmeldung + Anmeldung/en für gewünschte Wohn- und/oder Tagesstrukturform) **liegen bei:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Kopie Rentenverfügung | | | | | | | | | | | | | |  | Kopie Ausländerbewilligung | | | | | | | |
|  | | Kopie Verfügung Hilflosenentschädigung | | | | | | | | | | | | | |  |  | | | | | | | |
|  | | Kopie Verfügung Beistandschaftliche Massnahme | | | | | | | | | | | | | |  |  | | | | | | | |

**Ablage:** bei Aufnahme in Zentralakte