**Nachweis über Bildungsveranstaltungen**

**Mitgliedseinrichtung der KEBS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anschrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon/E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Für folgende Veranstaltung beantragen wir auf Grund der WbFöVO vom 15.10.2008 des Sächs. Staatsministeriums für Kultus eine Förderung:**

Titel der Veranstaltung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referent (Name, Beruf/Qualifikation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Angaben zur Veranstaltung***Bitte jeweils nur ein Feld ankreuzen!*

Themenbereich: Zielgruppe: Veranstaltungsart:

[ ]  Politik [ ]  keine Zielgruppe [ ]  Einzelveranstaltung

[ ]  Umweltbildung [ ]  ältere Menschen [ ]  Veranstaltungsreihe

[ ]  Familie/Gender/Generationen [ ]  Analphabeten [ ]  Seminar ohne Übernachtung

[ ]  Religion/Ethik/Philosophie [ ]  Arbeitssuchende [ ]  Seminar mit Übernachtung

[ ]  Kultur/Gestalten [ ]  Ausländer/innen

[ ]  Gesundheit/fächerübergreifende Kurse [ ]  Menschen mit Behinderung

[ ]  Sprachen/fächerübergreifende Kurse [ ]  Frauen

[ ]  Arbeit/Beruf/Sonstiges [ ]  Männer

[ ]  Grundbildung/Schulabschlüsse [ ]  Jugend

 [ ]  Kinder

 [ ]  andere:

**Angaben zum Inhalt**

*Bitte tragen Sie die durchgeführten Bildungseinheiten ein (ggf. weitere Termine als Anlage beifügen)*

|  |  |  |  |
| --- | --- | --- | --- |
| Datum | Zeit (von – bis) | Inhalt (Themenschwerpunkte) | BS (je 45 min.) |
|
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|  |  |  |  |

**Auswertung der Veranstaltung**

*Bitte geben Sie hier eine kurze Selbsteinschätzung zum Erfolg der Veranstaltung wieder!*

Ziel der Veranstaltung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Das Ziel wurde erreicht: [ ]  ja [ ]  nein, weil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zufriedenheit in Bezug auf ... ++ + +/- - --

... die Organisation [ ]  [ ]  [ ]  [ ]  [ ]

... den Inhalt [ ]  [ ]  [ ]  [ ]  [ ]

... den/die Referenten/in [ ]  [ ]  [ ]  [ ]  [ ]

... die angewandten Methoden und Medien [ ]  [ ]  [ ]  [ ]  [ ]

... die Teilnehmenden [ ]  [ ]  [ ]  [ ]  [ ]

Ergänzungen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ein **Beleg über die öffentliche Bekanntmachung (Flyer, Gemeindebrief etc.)** und die **Teilnehmerliste** sind beigefügt.

Ort/Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unterschrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEBS VA Evaluation und Statistik – Stand 12/2021 – Rev. 8

**Teilnehmerliste**



Mitgliedseinrichtung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titel der Veranstaltung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teilnehmerzahl: \_\_\_ männlich: \_\_\_\_\_ weiblich: \_\_\_\_\_

Datum: \_\_\_\_\_\_\_\_ bis \_\_\_\_\_\_\_\_\_\_ Veranstaltungsort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unterschrift der Leitung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teilnehmende**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nr.** | **Name, Vorname** | **Adresse** | **Bundesland** | **Altersgruppe****- bitte ankreuzen -** | **Geschlecht (m/w)** | **Bei Veranstaltungsreihen:- bitte pro Veranstaltung ankreuzen -Datum:** | **Anzahl der Übernacht.** | **Unterschrift** |
| **bis 18 J.** | **19-25 J.** | **26-35 J.** | **36-50 J.** | **51-65 J.** | **über 65 J.** |       |       |       |       |       |       |       |       |       |       |
| 1 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 2 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 3 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 4 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 5 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 6 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 7 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
| 8 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |

**Teilnehmerliste (Fortsetzung):**

Mitgliedseinrichtung: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titel der Veranstaltung:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_ bis \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nr.** | **Name, Vorname** | **Adresse** | **Bundesland** | **Altersgruppe****- bitte ankreuzen -** | **Geschlecht (m/w)** | **Bei Veranstaltungsreihen:- bitte pro Veranstaltung ankreuzen -Datum:** | **Anzahl der Übernacht.** | **Unterschrift** |
| **bis 18 J.** | **19-25 J.** | **26-35 J.** | **36-50 J.** | **51-65 J.** | **über 65 J.** |       |       |       |       |       |       |       |       |       |       |
|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
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|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
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|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |
|     |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |     |  |