

LANGUAGE ASSISTANCE PROGRAMME – CONFIRMATION OF PARTICIPATION

Sprachassistent/in

SURNAME

GIVEN NAME

CITIZENSHIP

Austrian Social Insurance number

Regular School

NAME of the REGULAR SCHOOL

SCHOOL CODE (Schulkennzahl)

SCHOOL ADDRESS

START DATE and END DATE of employment

Number of lessons per week

Date	Principal's/Headteacher's signature and school seal

Second School (Mitverwendung 1)

NAME of the SECOND SCHOOL

SCHOOL CODE (Schulkennzahl)

SCHOOL ADDRESS

START DATE and END DATE of employment

Number of lessons per week

Date	Principal's/Headteacher's signature and school seal

Third School (Mitverwendung 2)

NAME of the SECOND SCHOOL

SCHOOL CODE (Schulkennzahl)

SCHOOL ADDRESS

START DATE and END DATE of employment

Number of lessons per week

Date	Principal's/Headteacher's signature and school seal