

Mosaik Leipzig e. V.
„Familien stärken international“
Peterssteinweg 3
04107 Leipzig

Registration date:

Case number:



Registration form

Registration for clients of “Familien stärken international”

First name:	
Last name:	
Gender:	
Date of birth:	
Street:	
Postcode/city:	
Telephone:	
Type of accommodation (shared household/ living separately/ etc.):	☐ EAE ☐ GU ☐ own apartment ☐
Country of origin:	
Nationality:	
Number of children/ age of children	
Denomination:	
Residence status/ Status hearing:	
In Germany since:	
Language mediator required:	If yes, which language:

Concerns/issues

Reason for registration: (What are the current issues?)	
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Illnesses/physical complaints:	
Family situation:	
Special living situation (e.g. further forms of help via the youth welfare office)	
How did you hear about us?	

I hereby consent to the storage and processing of my personal data by Mosaik Leipzig e.V. I am aware that I can revoke this consent at any time and that I can request information from Mosaik Leipzig e.V. about the data stored about me (e.g. via datenschutz@mosaik-leipzig.de).

Date: _____ Signature: _____

Diese Maßnahme wird mitfinanziert mit Steuermitteln auf Grundlage des vom Sächsischen Landtag beschlossenen Haushaltes.



Gefördert durch

STAATSMINISTERIUM FÜR SOZIALES
UND GESELLSCHAFTLICHEN
ZUSAMMENHALT



Kontakt:
familien-international@mosaik-leipzig.de
www.mosaik-leipzig.de
0176/46796484

Bankverbindung:
GLS Gemeinschaftsbank
IBAN: DE37 4306 0967 1157 4608 00
BIC: GENODEM1GLS

Registergericht:
Amtsgericht Leipzig
Registernr.: 5504

Steuernr.:
232/140/15269