

Confirmation of the participating person

I have received the participant's questionnaire, and it has been filled out by me or with my assistance. I was previously informed about the processing of my personal data and my rights in connection with the processing of this data. The data protection information was provided to me and explained.

**Contact details*

The contact details must be provided in full. Without providing this information, a consultation is not possible.

First and last name _____

Date of birth _____

Street, house number _____

Postal code (ZIP) and place of residence

Phone number (landline or mobile)

Email address

I have also been informed that authorized institutions may contact me within the scope of a random sample to collect data about my professional situation six months after the end of the consultation period for evaluating its success. Participation in this survey is voluntary.

Place, date _____

Signature of the participating person
