



EUROPÄISCHE UNION
Europäischer Sozialfonds
REACT-EU



Ministerium für Arbeit,
Gesundheit und Soziales
des Landes Nordrhein-Westfalen



EU-co-financed grant programme of the state's employment and social policy

To be filled in by participants upon commencement of the programme

GENERAL

Date of completion: . . **20**

Reference/File No. (GZ): **ESF** -

Participant No. in ABBA:

NAME AND ADDRESS (voluntary information with *)

Family name:

Given name:

Street:

Number.: Post code:

Place:

Telephone:

E-mail*:

I have no fixed address (tick if applicable):

For reasons of data privacy, personal data can only be accessed by the institutions specified in the 'Data Protection Declaration'. See the declaration for more details.

Personal background

1. When were you born?

1.1 Date of birth ..
Day Month Year

2. What is your sex?

2.1 Female

2.2 Male

With regard to the following questions: if your qualifications were gained abroad, please select an equivalent from the list. Doctoral candidates should tick 'Master / Diploma'

3. What is your highest/most relevant school degree?

- 3.1 School leaver or awaiting degree
- 3.2 Special-needs school degree
- 3.3 Hauptschulabschluss
- 3.4 Middle school degree (Fachoberschulreife, Realschulabschluss)
- 3.5 Fachhochschulreife (Fachabitur)
- 3.6 Abitur (university entrance qualification)

4. What is your highest/most relevant vocational qualification?

- 4.1 Still awaiting qualification
- 4.2 On-the-job or classroom-based training (apprenticeship)
- 4.3 *Berufsfachschule* (school-based training)
- 4.4 Fachschule (e.g. master tradesperson, technician) / Health academy
- 4.5 Bachelor (University or Applied Science Uni - *Fachhochschule*)
- 4.6 Master/Diploma (University or Applied Science Uni - *Fachhochschule*)

5. Are you a German citizen?

5.1 Yes

5.2 No

6. Did you or either of your parents migrate from abroad?

6.1 Yes

6.2 No

Your situation

7. Which would best describe your situation immediately prior to commencement of the measure? (please tick all appropriate boxes)

- 7.1 Student (e.g. at general education school)
- 7.2 Full-time or part-time employment (with social-security contributions withheld) or self-employed
- 7.3 Marginally employed (Mini-Job)
- 7.4 Taking part in a labour market programme (e.g. at the Employment Service or the Jobcentre)
- 7.5 In training (school or apprenticeship)
- 7.6 Studying at university
- 7.7 Undergoing further training
- 7.8 Registered unemployed
- 7.9 Non working (e.g. homemaker, long-term illness, other)
- 7.10 Seeking employment

8. Are you receiving unemployment benefit payments from the Federal Employment Agency or the Jobcentre?

- 8.1 No
- 8.2 Yes, from Federal Employment Agency (ALG I)
- 8.3 Yes, from Jobcentre (ALG II)
- 8.4 Yes, from Federal Employment Agency and Jobcenter (ALG I and ALG II top-up benefits)

Experiences of disadvantage

9. If you are unemployed: How long have you been registered unemployed?

- 9.1 less than 6 months
- 9.2 between 6 months and 1 year
- 9.3 1 year or longer

- 9.4 not applicable

Your household

10. Are others in your household employed or self-employed?

- 10.1 Yes
- 10.2 No

- 10.3 I am the only member of my household

11. How many persons live in your household in total? (Please count yourself in. In case you live alone, please state 1)

11.1 Number of persons

12. How many children eligible for child support live in your household? (Fill in 0 if none)

12.1 Number of children younger than 6 years

12.2 Number of children aged 6 or older

Please note that the following questions are very personal. Whilst your answers will enable us to better tailor our services to your needs, you are absolutely free not to respond.

13. Do you hold a registered disabled card or the equivalent notice of assessment?

- 13.1 Yes
- 13.2 No

- 13.3 No answer

14. Do you feel disadvantaged for any of these reasons?

- 14.1 Age
- 14.2 Disability
- 14.3 Income
- 14.4 Sex or gender
- 14.5 Ethnicity
- 14.6 Religion
- 14.7 Minority status
- 14.8 Other reasons

- 14.9 No, I do not feel disadvantaged
- 14.10 No answer

Statement of truth

I confirm that the information provided by me is truthful and complete.

Place, Date

Participant's signature