

Fragebogen zur Kompetenzerhebung von Asylbewerbern

Title:	<input type="checkbox"/> Mrs / <input type="checkbox"/> Mr	Date of Immigration to Germany:	____.____.20____				
Family Name:							
First Name:							
Date of Birth:							
Place of Birth:							
Status as Refugee:							
Work Permit :	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Contact Information							
Street, Building Number:							
Postal Code and Place:							
Telephone (optional):							
E-Mail (optional):							
Driving licence for germany:							
Desired Occupation:							
Qualifications				Abschluss		Zeugnis	
	Country	Type, Name and Address of the Institution	Beginning / End Day / Month / Year	Yes	No	Yes	No
School Attendance				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Training				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional Experience			
Beginning/End (Day / Month / Year)	Type of Work / Profession, please explain exactly		
Languages	Basic Knowledge	Advanced Knowledge	Proficient
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	Institution	
Beginning / End			Level