

IBAS – Check

date: _____

Nr.: _____

referred by:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Agentur für Arbeit | <input type="checkbox"/> migration counselling | <input type="checkbox"/> recognition authority | <input type="checkbox"/> immigration office |
| <input type="checkbox"/> Jobcenter | <input type="checkbox"/> training service provider | <input type="checkbox"/> volunteer | <input type="checkbox"/> internet |
| <input type="checkbox"/> company | <input type="checkbox"/> personal recommendation | <input type="checkbox"/> other: _____ | |

 family name: _____ first name: _____ m f

place of residence: _____

email: _____ phone: _____

year of birth: _____ country of birth: _____

nationality: _____

Since when have you been living in Germany? _____

	degree / certificate 1		degree / certificate 2	
type (only list the highest education)	<input type="checkbox"/> school leaving certificate <input type="checkbox"/> vocational training <input type="checkbox"/> academic studies		<input type="checkbox"/> school leaving certificate <input type="checkbox"/> vocational training <input type="checkbox"/> academic studies	
issued in country				
name of institution/ school, city				
name of degree/ certificate (original language)				
in German or English:				
duration of education				
year finished				
experience in this profession	in Germany: <input type="checkbox"/> yes <input type="checkbox"/> no	outside of Germany: <input type="checkbox"/> yes <input type="checkbox"/> no	in Germany: <input type="checkbox"/> yes <input type="checkbox"/> no	outside of Germany: <input type="checkbox"/> yes <input type="checkbox"/> no
	years:	years:	years:	years:
“Referenzberuf”				
Have you applied for recognition yet?	<input type="checkbox"/> no <input type="checkbox"/> yes, „Antrag auf Anerkennung“ <input type="checkbox"/> yes, „Antrag auf Zeugnisbewertung“		<input type="checkbox"/> no <input type="checkbox"/> yes, „Antrag auf Anerkennung“ <input type="checkbox"/> yes, „Antrag auf Zeugnisbewertung“	
<i>If yes, what result?</i> <input type="checkbox"/> recognition <input type="checkbox"/> with additional requirements <input type="checkbox"/> partly equivalent <input type="checkbox"/> rejection <input type="checkbox"/> positive “ZAB-Zeugnisbewertung” <input type="checkbox"/> rejection of “ZAB” <input type="checkbox"/> procedure not completed yet				

What is your professional goal in Germany? _____

Are you employed? (current occupational situation/ status of employment)

-
- yes, in Germany
-
- no, but I'm in training (also language course or internship)
-
-
- yes, outside of Germany

If yes, in Germany: What kind of work do you have?

-
- employed
-
- "mini job" (max 450 EUR)
-
- self-employed

Do you get money from "Agentur für Arbeit" or "Jobcenter in Germany? (receipt of benefits)

-
- no, I do not receive benefits
-
- unemployment benefits (by "Agentur für Arbeit")
-
-
- (additional) social benefits (by "Jobcenter")
-
- (additional) benefits under AsylbLG (by "Sozialamt")

What's your residence title status/paragraph? Please fill in: _____

 Are you refugee/asylum seeker: no yes I do not live in Germany (yet)

Do you speak German?

-
- yes, mother tongue
-
- yes, as foreign language
-
- no, I don't

 If as foreign language: Do you have a certificate of German language: no yes, level: _____

 notes:
 To be completed by IBAS

Fall-Nr.:	Datum EB:	Beratungsdauer:
Beratungsform: <input type="checkbox"/> Telefon <input type="checkbox"/> E-Mail <input type="checkbox"/> persönlich: Beratungsort:		
Beratene Person /Institution: <input type="checkbox"/> Beratene/r selbst <input type="checkbox"/> soz. Umfeld <input type="checkbox"/> JC <input type="checkbox"/> AA <input type="checkbox"/> MBE/ JMD <input type="checkbox"/> KMU <input type="checkbox"/> BDL <input type="checkbox"/> Sonstige:		
Beratung zu: <input type="checkbox"/> berufliche AE <input type="checkbox"/> schulische/akademische AE <input type="checkbox"/> (Anpassungs-)Qualifizierung		
Beratungsinhalt (siehe Kategorien/Nr.):		