

IBAS – Check

date: _____

no: _____

How did you find out about us (IBAS-counselling)?

- | | | | |
|---|--|--|---|
| <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"/> internet | |
| <input type="checkbox"/> company | <input type="checkbox"/> friends/family/community | <input type="checkbox"/> other: _____ | |

 family name: _____ sex: m f d

first name: _____ year of birth: _____

place of residence (town/country): _____

email: _____ phone: _____

country of birth: _____ nationality: _____

 Since when have you been living in Germany? Entry (year/month): _____ I (still) live abroad.

	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 profession do you want to work in? What do you need the recognition for?

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?

- I do not live in Germany (yet)
- German or Citizen of EU/EEA/Switzerland *refugee/asylum seeker:*
 Permanent residence permit (§ 9 AufenthG) Recognized refugee (§ 22-26, 104a, 104b AufenthG)
 Family reasons (§ 27-36 AufenthG) Toleration (Duldung § 60a Abs. 4 AufenthG)
 Blue Card EU (§ 19a AufenthG) Residence permit (§ 55 Abs. 1 AsylVfG)
- Other: _____ (§ _____ AufenthG)

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.):		