



PRELIMINARY QUESTIONNAIRE

This is to be used at the initial contact with a client.



PRELIMINARY QUESTIONNAIRE

NAME: _____

SURNAME: _____

GENDER: _____

BIRTHPLACE: _____

DATE OF BIRTH: _____

SOCIAL PROVISION NUMBER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

Family status: Single household Family household Children

Caregiving responsibilities (if applicable):

Duration of care

Relationship with the individual who needs care

Hours of care required in daily base

Other people involved in the care process

Education status (either last qualification obtained/last educational institution attended):

Courses attended/other training:



PRELIMINARY QUESTIONNAIRE

Occupational status: Employed Unemployed

Current / Last job position

Type of contract (subordinated/freelance/temporary...)

Working time (part time/full time)

If unemployed:

Reasons why the last job position ceased

Time spent without a formal occupation



Any other means of financial or different types of support (e.g. social benefits, access to social services etc.):

Reasons for contacting the operator:

Desired job position:

Main objectives while looking for an occupation:

Expectations/fears/barriers about the job market:
