



# 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

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

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Working time (part time/full time)

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If unemployed:

Reasons why the last job position ceased

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Time spent without a formal occupation

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

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Reasons for contacting the operator:

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Desired job position:

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Main objectives while looking for an occupation:

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Expectations/fears/barriers about the job market:

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