

ANNEX 2

Experience and
Motivations Questionnaire



Experience and Motivations Questionnaire

This questionnaire is ideally to be used with a business advisor/ entrepreneurship educator to document and gain a better understanding of the experiences and entrepreneurial motivation of young refugees, who may have expressed a desire to set up a business or shown high entrepreneurial aptitude in the other “better futures” tools.

It forms a starting point in clarifying what, if any, business idea the young refugee may have and also can be used to recommend further training.

ABOUT

This section will help us understand who you are, your current situation, your experience and expectations, and help us guide you towards the right training and mentoring.

First name

Family Name

Date of Birth __/__/____

Gender

Male

Female

Not Specified

Nationality.....

When did you arrive into Host Country __/__/____

Are you registered disabled?

(Optional Question) Residency Status:

- Permanent resident
- Pending asylum application
- Residence permit linked to refugee status
- Resident permit not related to asylum
- Family reunification
- In-transit
- Resettlement
- Relocation
- Other.....

Work Permit Status:

- Granted
- Pending
- Not needed
- Declined
- Other.....

YOUR EDUCATION AND EXPERIENCE

What is your education and training background?

Completed Primary School

Completed Secondary School

Attended Vocational School

What did you study?

What qualifications?

Attended Higher Education/University

What did you study?

What qualifications? (diploma, degree, formal recognition achieved)

.....

Other education or training

What have you learnt informally? For example; networking, buying or selling, handicrafts, caring for others, construction, digital media, photography, creative skills, cookery etc.

.....

.....

.....

What jobs have you had previously?

.....

.....

.....

Do you have previous experience of setting up or running your own business?

If yes, please tell me about it

Does or did any member of your close family (mother, father, aunt, uncle) run their own business?

If yes, please tell me a little about it

Other Skills

Do you have any other skills? (for example digital or ICT skills, carpentry, social media, hair styling, beauty etc)

.....

.....

LANGUAGE SKILLS

What languages can you speak? (i.e. to a level that means you can work with new people in this language)

.....

.....

What languages can you write? (i.e. to a level that means you can communicate professionally)

.....

.....

BUSINESS SKILLS

Have you thought about starting your own business?

If yes

What is your idea?

What progress have you made so far?

What help do you feel you would benefit from

If no

How do you feel about the idea of setting up your own business?

Would you be interested in trying some of our entrepreneurial assessment tools?

CONTACT INFORMATION

If you would like to be contacted for training and mentoring opportunities.

Address

Post Code

Telephone

Email

FURTHER TRAINING (for advisor to complete)

.....

.....

.....

.....

GDPR

If this form is completed and stored in paper version only, then GDPR does not apply.

If this form is stored or transmitted in any digital format, then it will need to comply with GDPR regulations. You can find out more at <https://gdpr.eu/compliance/>

