

Smart UA Registration Form

Dear Participant, kindly take 5 - 8 minutes of your time to fill out this survey. This will help us on how to provide personalized and better support for your housing and employment integration.

Шановний учаснику, будь ласка, приділіть 5–8 хвилин свого часу, щоб заповнити це опитування. Це допоможе нам краще зрозуміти, як надати персоналізовану та якіснішу підтримку для вашої інтеграції в житло та працевлаштування.

* Required

* This form will record your name, please fill your name.

1. Name *

2. Surname *

3. Date of Birth *

4. Nationality (Country of birth) *

5. Email *

6. Mobile Phone number (Begin with the plus (+) sign, your country code, and your number) *

7. Type and Number of Document *

8. Tax code (if available)? *

9. Gender *

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Prefer not to say

10. Host country *

- ◯ Hungary
- ◯ Slovakia
- ◯ Romania
- ◯ Other

11. Marital status *

- ◯ Single
- ◯ Married (spouse is present)
- ◯ Married (spouse is not present)
- ◯ Divorced
- ◯ Widow
- ◯ Separated
- ◯ Other

12. Number of persons at charge *

- ◯ 1-3
- ◯ 4-6
- ◯ 7-9
- ◯ 9+
- ◯ None

13. Purpose *

Please select at most 3 options.

- ☐ Information
- ☐ Research housing
- ☐ Research employment
- ☐ Vulnerability assessment
- ☐ Housing services
- ☐ Housing training
- ☐ Skills assessment
- ☐ Language courses
- ☐ IT courses
- ☐ Soft skill courses
- ☐ Self-employment courses

14. Languages spoken. *

- [ ] Ukranian
- [ ] Russian
- [ ] English
- [ ] Hungarian
- [ ] Slovak
- [ ] Romanian
- [ ] French
- [ ] German
- [ ] Other

15. What is your residence permit *

- ◯ Pending asylum application
- ◯ Residence permit linked to refugee (or other protection) status
- ◯ Family reunification
- ◯ In transit
- ◯ Relocation
- ◯ Resettlement
- ◯ Host population
- ◯ Refugee
- ◯ Internally Displaced Person (IDP)
- ◯ Temporary protection
- ◯ Returnee
- ◯ Other

16. Residence permit expiration date *

17. Arrival Date in your host country (i.e., Hungary, Slovakia, or Romania) *

18. Current residential address (if applicable)

19. Education

- ◯ None
- ◯ Primary or elementary, partial
- ◯ Primary or elementary, completed
- ◯ Secondary or high school, partial
- ◯ Secondary or high school, completed
- ◯ Post-secondary, partial
- ◯ Post-secondary, completed
- ◯ PhD, partial
- ◯ PhD, completed
- ◯ Vocational school
- ◯ Home schooled
- ◯ Other

20. What is your main source of income? *

- ◯ Unemployed
- ◯ Employed
- ◯ Part-time
- ◯ Full-time
- ◯ Self-employed
- ◯ Informal work
- ◯ Subsidy from aid organization
- ◯ Cash transfer from the government
- ◯ Other

21. Are you the main provider in your household? *

- ◯ Yes
- ◯ No
- ◯ Refused to answer

22. Current Housing Status *

- ◯ Homeless
- ◯ Private house
- ◯ Private rental
- ◯ Shared accomodation
- ◯ Public shelter
- ◯ Church related shelter
- ◯ Staying with a relative or family
- ◯ Other

23. Household composition *

- ◯ Live alone
- ◯ Live with children (and with no other adult)
- ◯ Live with spouse or partner and children
- ◯ Live with parents
- ◯ Live with children and other adult
- ◯ Other

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