



Survey questionnaire:

Prerequisites for a successful business start-up

Dear participant,

Thank you for taking the time to support the RIAC (Regional Integration Accelerators)-project by completing this questionnaire!

You are choosing the path of self-employment and business start-up in order to participate in working life. Starting a business often involves overcoming challenges and barriers. In order to provide better support for you and other persons with an interest in starting a business, we ask you for some information that may be of importance in the entrepreneurial context. In the main part of the questionnaire (part B) you will find, among other things, statements on specific challenges and barriers that may impede the way to self-employment. Please decide to what extent these statements apply to you. If you believe that the statement in question does not apply to you at all, please tick the field on the very left [1], if a statement fully applies to you, tick the field on the very right [7]. For all other cases, please choose an appropriate gradation between these two extremes.

Please answer the questions spontaneously and one after the other, if possible without skipping a question. **There are no right or wrong answers.** Even if some questions may seem similar to you, we kindly ask you to answer them. If you really cannot make an assessment, please skip this question.

By completing the questionnaire, you can make a significant contribution to improving the labour market integration of refugees interested in starting a business. You will receive feedback about your results.

Of course, all information will be treated confidentially!

THANK YOU! The RIAC evaluation team.



Part A. Sector/industry affiliation

In which sector/industry do you intend to become self-employed?

<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Manufacturing, e. g. textiles, clothing, leather, glass
<input type="checkbox"/>	Retail sector	<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Food & luxury foods, alcohol and tobacco	<input type="checkbox"/>	Finance, Insurance, Real Estate
<input type="checkbox"/>	Industrial sector	<input type="checkbox"/>	Software and ICT services
<input type="checkbox"/>	Craft (without hairdressing)	<input type="checkbox"/>	Hotel and catering industry
<input type="checkbox"/>	Hairdressing and cosmetics industry	<input type="checkbox"/>	Culture and creative industries, e. g. art, design, music, film
<input type="checkbox"/>	Liberal professions, e. g. doctor, architect or engineer	<input type="checkbox"/>	Transport and logistics, e. g. local public transport
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Other, namely: <hr/>

Part B. Challenges, barriers and resources

Please provide information on where you perceive the biggest **challenges and barriers** in the entrepreneurial context and to what extent you have managed to overcome these obstacles, so far.

<i>Please tick the answer option that best fits your assessment!</i>		
This challenge/barrier represents a major obstacle to self-employment.	Challenge/Barrier	So far I have successfully overcome this challenge/barrier.

does not apply
at all

fully
applies

does not apply
at all

fully
applies

1	2	3	4	5	6	7		1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overcoming language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financing the start-up project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to information on corporate and tax law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to information on regional funding structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of required business knowledge and professional qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtaining a residence status that legally permits self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative burdens, e. g. compulsory registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industry-specific regulations, e. g. regulation by professional associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding of how business partners, customers and competitors think, act and feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<i>Please tick the answer option that best fits your assessment!</i>		
This challenge/barrier represents a major obstacle to self-employment.	Challenge/Barrier	So far I have successfully overcome this challenge/barrier.

does not apply at all							fully applies							does not apply at all							fully applies						
↓							↓							↓							↓						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
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Please provide information about the **resources** available to you for the realization of your start-up project!

Please tick the answer option that best fits your assessment!

	does not apply at all					fully applies	
	1	2	3	4	5	6	7
Financial resources, e. g. start-up capital, are sufficiently available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources are sufficiently available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material resources, e. g. office and work equipment, are sufficiently available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate in start-up training courses are available in a required dimension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate in intercultural trainings are available in a required dimension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For starting my own business, I use offers of support that go beyond the RIAC project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What offers of support beyond the RIAC project do you use? Please provide information using keywords.

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.....

.....

.....



Part C. Personal details

Please tick the appropriate answer below:

	<input checked="" type="checkbox"/>	
Sex	<input type="checkbox"/>	male
	<input type="checkbox"/>	female
Family status	<input type="checkbox"/>	single without children
	<input type="checkbox"/>	single with child(ren) How many children do you have? _____ How many of your children live with you in one place? _____
	<input type="checkbox"/>	in partnership without children Do you and your partner live together in one place? <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/>	in partnership with child(ren) Do you and your partner live together in one place? <input type="checkbox"/> yes <input type="checkbox"/> no How many children do you have? _____ How many of your children live with you in one place? _____
Nationality		
<input type="checkbox"/>	Afghan	<input type="checkbox"/>
<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>
<input type="checkbox"/>	Eritrean	<input type="checkbox"/>
<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
<input type="checkbox"/>	Iranian	<input type="checkbox"/>
<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	Palestinian	
<input type="checkbox"/>	Somalian	
<input type="checkbox"/>	Sudanese	
<input type="checkbox"/>	Syrian	
<input type="checkbox"/>	other, namely: _____	
Have you ever been self-employed before you became a refugee? (multiple answers possible)		
<input type="checkbox"/>	yes, full-time (for the duration of _____ years)	
<input type="checkbox"/>	yes, part-time (for the duration of _____ years)	
<input type="checkbox"/>	no, never	
For how long have you been working in the industry in which you would now like to start your own business?		
_____ years, of which self-employed: _____ years		



Finally, please answer the following three questions:

How old are you?

What is the highest level of education you have completed?

primary school secondary school, level: _____

higher education, namely: _____

university, degree: _____

other, namely: _____

What is your **host country language level** according to the CEFR?

A0: Absolute beginner (no knowledge of the host country language at all)

A1: Beginner level

A2: Elementary level

B1: Intermediate level

B2: Upper-intermediate level

C1: Advanced level

C2: Proficiency (near-native) level

Part D. Your personal identification code


Please carefully complete the information requested below. It will generate your personal identification code which ensures your anonymity and, at the same time, allows us to link survey data that was collected over time.

1	Please CIRCLE the letter below that represents the first letter of your first name (e. g. Husain = ... G(H)I). A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
2	What are the first two (Latin) letters of your mother's first name (e. g. Amina = A M)? _ _
3	Please CIRCLE the month in which you were born. January February March April May June July August September October November December
4	Please CIRCLE the letter below that represents the first letter of the city/town you were born in (e. g. Aleppo = (A)B C ...). A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
5	What are the numerals for the year your mother was born (e. g. 1970)? 19 _ _



Part E. Supplementary notes

What else would you like to tell us?

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Many thanks for your support!

Your RIAC evaluation team!

If you have any questions or comments, please do not hesitate to contact us:



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