
QUESTIONNAIRE

Welcome to our project „Expertinnen-Netz. Mentoring für Frauen“.

Thanks for your interest in our project.

Please take some time to complete the following questionnaire.

We will contact you as soon as possible to discuss the next steps.

If you have any questions about our project in advance, please contact us by

phone: 040 334241-419 or

e-mail: expertinnen-netz@kwb.de.

I. Contact information

Salutation: _____

First and last name: _____

ZIP Code, city of residence: _____

E-mail: _____

Phone number: _____

Date / place of birth: _____

Languages spoken: _____

How did you find out about the project?

2. Personal situation

Do you have caregiver responsibilities (childcare, care for relatives / family members, unpaid caring responsibilities)?

- ☐ I have — child/-ren, aged —. ☐ I am a caregiver for family members.

Are you affected by a disability/health impairment?

- ☐ yes ☐ no further details:

3. Education (highest educational qualification)

Vocational training: _____

University: _____

4. Professional situation

I am currently

- | | |
|---|--|
| ☐ employed. | ☐ looking for work. |
| ☐ self-employed. | ☐ on parental leave. |
| ☐ part-time self-employed. | ☐ on care work / family care leave. |
| ☐ in training / studying / in further education. | |

Current or most recent employment (time period):

What sort of jobs/positions could be possible for me in the future:

What do I enjoy? What is easy for me? What am I good at?

5. Challenges

What professional or personal challenges am I facing? What kind of social barriers could I have?

How has your situation changed or worsened as a result of the covid pandemic?

6. Objectives

I would like support from a mentor on the following topic(s) (multiple choices possible):

- | | |
|--|---|
| ☐ Career entry / career start | ☐ Work and family life balance |
| ☐ Professional re-entry | ☐ Gender-specific stereotypes |
| ☐ Reorientation | ☐ Empowerment |
| ☐ Career trajectory | |

What doors could be opened for me through successful mentoring?

What expertise and experience should your mentor have? (multiple choices possible):

- | | |
|--|---|
| ☐ Knowledge of the sector I work / want to work in | ☐ Assertiveness strategies |
| ☐ Specialised knowledge | ☐ HR management |
| ☐ Life experience | ☐ An open ear and an appreciative attitude |
| ☐ Balancing career and family | ☐ Conflict management strategies |
| ☐ Experience in upper management | ☐ Crisis management |
| ☐ Experience in dealing with discrimination | ☐ Contacts and networking |
| ☐ Experience in dealing with gender stereotypes / equality issues | ☐ Living and working abroad |

Other things that are important to me (e. g. biography, interests, volunteer work)

7. General conditions

With my signature I authorize the project "Expertinnen-Netz. Mentoring für Frauen" from the Koordinierungsstelle Weiterbildung und Beschäftigung e. V., Kapstadtring 10, 22297 Hamburg, Germany to process the personal data I provided for the purpose of implementing the program.

Anonymized, non-traceable data is passed on to the funding authority as part of the obligation to provide evidence of the project. Beyond that, the personal data I provided will not be transferred to third parties.

I can address my questions about data protection to the data protection manager at KWB e. V., Kapstadtring 10, 22297 Hamburg, telephone: +49 40 334241-0 (head office), e-mail: **datenschutz@kwb.de**.

My personal data will only be stored as long as necessary for the implementation of the project. When there are no statutory retention periods, my data will be deleted immediately.

My personal data will be processed in accordance with the General Data Protection Regulation (EU-DSGVO) and the Federal Data Protection Act (BDSG). All rights and information on the use of Zoom can be found in the KWB e. V. privacy policy.

The project also offers its advisory services online via Zoom. The consultation is not recorded. We ask you below for your consent to use Zoom. If you do not wish to give your consent, we can also conduct the consultation by telephone.

Consent can be revoked at any time.

☐ I hereby confirm that I would like to make use of the KWB e. V. project's advisory services via Zoom.

**I hereby consent to the collection and processing of the data I provided for the purpose of the "Expertinnen-Netz. Mentoring für Frauen" project implementation.
The information I have provided is complete and true.**

Date/Signature

Please send the form digitally as a scan to **expertinnen-netz@kwb.de**
or by post to

KWB Koordinierungsstelle Weiterbildung und Beschäftigung e. V.
Expertinnen-Netz. Mentoring für Frauen
Kapstadtring 10
22297 Hamburg