



DURABLE SOLUTIONS SELF-REGISTRATION FORM

Section 1: BIO-DATA

1. Family Name:		2. First Name:	
3. DOB:	/ /	4. Sex	<input type="checkbox"/> M <input type="checkbox"/> F
5. Country & place of birth:			
6. Country of origin:		7. Nationality:	
8. Ethnicity/ Tribe:		9. Religion:	
10. Father's Name:		11: Mother's Name:	
12. Current Marital Status:	<input type="checkbox"/> Married Name of spouse: _____ <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow If married, is spouse in Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No. Spouse is living in _____		
13. Do you have any children?	<input type="checkbox"/> No <input type="checkbox"/> Yes. How many? _____ They are living in _____		
14. Do you have other dependents/relatives in Malta?	<input type="checkbox"/> No. <input type="checkbox"/> Yes . How many? _____ Who are they? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Cousin <input type="checkbox"/> Other _____ Specify their location in Malta: _____		
15. Date of Arrival in Malta:	/ /		
16. Police Number:		17. ID Number:	
18. Protection Status: (Attach a copy of your protection status certificate)	<input type="checkbox"/> Refugee Status <input type="checkbox"/> Subsidiary Protection		
19. Address* (where you are living at the moment).			* The Applicant will notify the authorities and his /her document will be changed accordingly
20. Mobile Number:			

Section 2: DEPENDENTS/RELATIVES

Dependents/relatives in country of origin or any other country in the world
(their name and the exact relationship to the applicant)

21. Have you got any of your dependents/relatives living abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please list below:	
	Relationship	Country

Section 3: RELEVANT INFORMATION TO BE REGISTERED

22. Which languages do you speak?	<input type="checkbox"/> Native _____		
	<input type="checkbox"/> English =	<input type="checkbox"/> Basic	<input type="checkbox"/> Good
	<input type="checkbox"/> Maltese =	<input type="checkbox"/> Basic	<input type="checkbox"/> Good
	<input type="checkbox"/> Other _____	(please specify)	<input type="checkbox"/> Basic <input type="checkbox"/> Good
	<input type="checkbox"/> Other _____	(please specify)	<input type="checkbox"/> Basic <input type="checkbox"/> Good

23. What is your academic education?	Number of years	
	Area of specialization	

24. What is your work experience?	Job Description	Country	Date

25. What are your skills?	<input type="checkbox"/> Driver <input type="checkbox"/> Sports player <input type="checkbox"/> Cooking <input type="checkbox"/> Other (please specify) _____		
	Comments:		

26. Self-reliance Efforts:	Courses Attended: (Please attach relevant documents)	
	Other (membership in clubs etc):	

Please be informed that should any changes (in phone number/ address/ etc.) occur, it is under your responsibility to inform UNHCR.

Section 4: ATTACHMENTS

27. Checklist of copies of documents attached (please tick boxes):	<input type="checkbox"/> Protection Certificate <input type="checkbox"/> ID card <input type="checkbox"/> Language Proficiency Certificate/s <input type="checkbox"/> Skills certificate/s <input type="checkbox"/> Other relevant documentation
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Confidentiality Statement:

I, the undersigned, authorize all the parties involved in the registration process to share all information and any documents pertaining to me/us and my/our family/dependants.

I affirm that the information provided for the purpose of this registration is correct and truthful to the best of my knowledge

Date:		Applicant's Signature:	
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Key:	Somali	Tigrinya	Arabic
Durable Solutions Registration Form	DIWAANGELINTA-KALRAADIN DHIBKAAGA.	ገዳማ ገዳማ ገዳማ ገዳማ ገዳማ	التسجيل التعبئة التي من منظور دوريات
1. Family Name:	MAGAACA AHELKADA.	ገዳማ ገዳማ - ገዳማ ገዳማ	اسم العائلة
2. First Name:	MAGAACA KOWAAD	ገዳማ	الاسم الأول
3. DOB:	DHALASHODAAD.	ገዳማ ገዳማ	تاريخ وتاريخ الميلاد
4. Sex	LABJAMA/DHEDIQ.	ገዳማ	ذكر او انثى
5. Country & place of birth:	MEESHA AAD KU DHALATAY	ገዳማ ገዳማ ገዳማ / ገዳማ	بلد المولد او مكان الميلاد
6. Country of origin:	MEESHA AAKATIMID	ገዳማ	البلد الأصلي
7. Nationality:	JINSIYIDAAD.	ገዳማ ገዳማ	الجنسية بالميلاد
8. Ethnicity/ Tribe:	QIABIILKAADA.	ገዳማ	القبيلة
9. Religion	DIINTAADA.	ገዳማ ገዳማ	الديانة
10. Father's Name:	MAGAACA AABAHAA	ገዳማ ገዳማ	اسم الأب
11. Mother's Name:	MAGAACA HOOYAAD.	ገዳማ ገዳማ	اسم الأم
12. Current Marital Status:	HADII AAD GULYSATAY	ገዳማ	الحالة الاجتماعية
13. Children	CIYAALKAADA.	ገዳማ	الأبناء
14. Dependents /relatives in Malta?	EHELKADA/AMA QARAABADAADA	ገዳማ ገዳማ ገዳማ	اقرباء واقرباء من مالطا
15. Date of Arrival in Malta:	MAALINTA AAD Soo gashay malta.	ገዳማ ገዳማ ገዳማ	تاريخ الوصول الى مالطا
16. Police Number:	Boolis nombar kaada.	ገዳማ ገዳማ	الرقم البوليسي
17. ID Number:	ID namar kaada.	ገዳማ ገዳማ	رقم البطاقة المأوى
18. Protection Status:	maxay tahay maxoo- TINI MADAD.	ገዳማ ገዳማ ገዳማ	الحماية الحالية مثلا وخبث
19. Address	ADYES KAADA.	ገዳማ ገዳማ	زمنوات
20. Mobile Number:	TALEEFANKADA.	ገዳማ	رقم الهاتف
21. Dependents /relatives outside Malta	EHELKADA KUWA BANUUKA JIRO	ገዳማ ገዳማ ገዳማ	الاقرباء خارج مالطا
22. Languages	LUUQAADAADA.	ገዳማ	اللغة
23. Education	WAXBARASHO.	ገዳማ ገዳማ	المستوى التعليمي
24. Work experience	XIRFADAADA SHAQO	ገዳማ ገዳማ ገዳማ	المهنة وعدد الخبرات
25. Skills	maxaa XIRFADULEEDAH.	ገዳማ	المهنة
26. Self-reliance Efforts:	ISKU FILMAASHO	ገዳማ ገዳማ ገዳማ	الجهود التي ترقح من المجهودات مستوان في
27. Attachments	KUSOO XIRSHAR- CIGAA GA.	ገዳማ ገዳማ	رعايا اوراق هجينة لسنهات الميلاد الميلاد معاً