

**Recognition of foreign professional qualifications based on the
Professional Qualifications Assessment Act of the Federal State of Hamburg (HmbBQFG)**

To
Hamburger Institut für Berufliche Bildung
Berufsanerkennung
Hamburger Straße 131
22083 Hamburg

Please fill out the application form, sign it and send it to the adress above including all documents listed on th last page via e-mail or post.

PERSONAL INFORMATION

<input type="text"/>		<input type="text"/>	
Surname		First name	
<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse	
Birth name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	Country of birth	
Nationality:	<input type="text"/>		

CONTACT

<input type="text"/>		<input type="text"/>	
Street name		Number	
<input type="text"/>		<input type="text"/>	
c/ o		Adress suffix	
<input type="text"/>	<input type="checkbox"/> Hamburg	<input type="checkbox"/> Other place*	<input type="text"/>
Postal code	*Please read the information on the last page.		
<input type="checkbox"/> Foreign countries	<input type="text"/>		
Adress			
<input type="text"/>		<input type="text"/>	
E-mail	Phone number		

REFERENCE OCCUPATION*

*This is the German occupation that you apply for

- ☐ Childcare worker and child educator
- ☐ Special needs care worker and remedial teacher
- ☐ Nursery teacher and childcare assistant
- ☐ Dance and gymnastics teacher
- ☐ Care assistant with a focus on home and family care
- ☐ Housekeeper and domestic support
- ☐ Biological technical assistant
- ☐ Chemical technical assistant
- ☐ Technician in the field of:
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Structural engineering | <input type="checkbox"/> Chemical engineering | <input type="checkbox"/> Electrical engineering | <input type="checkbox"/> Paint and varnishing technology |
| <input type="checkbox"/> Aeronautical engineering | <input type="checkbox"/> Wood technology | <input type="checkbox"/> Information technology | <input type="checkbox"/> Machine technology |
| <input type="checkbox"/> Car body and vehicle construction technology | <input type="checkbox"/> Mechatronics | <input type="checkbox"/> Environmental protection technology | |
- ☐ Commercial assistant with a focus on:
- | | | |
|--|---|---|
| <input type="checkbox"/> Foreign languages | <input type="checkbox"/> Media industry | <input type="checkbox"/> Event and leisure industry |
|--|---|---|
- ☐ Design assistant with a focus on:
- | | |
|--|---|
| <input type="checkbox"/> Screen design | <input type="checkbox"/> Technical communication and product design |
|--|---|
- ☐ Dressmaker
- ☐ Non of the listed occupations, but:

FOREIGN PROFESSIONAL QUALIFICATIONS

Country in which you received your qualification	Name of the institution
Name of your profession (in its original language - please enter in Latin letters)	
Name of your profession in German translation	
Document issue date: <input style="width: 100px;" type="text"/>	Document issuing location: <input style="width: 200px;" type="text"/>
Start of studies: <input style="width: 100px;" type="text"/>	End of studies: <input style="width: 100px;" type="text"/>
Practice in study: <input style="width: 150px;" type="text"/> years, months	
Prescribed standard duration of study: <input style="width: 150px;" type="text"/> years, months	

SCHOOL LEAVING CERTIFICATE

How many years did you attend school?	Name of your school leaving certificate	Date of graduation

ADDITIONAL QUALIFICATIONS* (e.g. apprenticeship, trainings, courses, studies)

*Please list only those that are relevant for this application and submit proof

Titel of qualification	From ... to ... (DD.MM.YYYY)	Duration	Name of the institution	Placa of issuing

WORK EXPERIENCE*

*Please list only those that are relevant for this application and submit proof

Profession	From ... to ... (DD.MM.YYYY)	Working hours per week	Name of the institution	Placa

Please hand in the following documents:

- ✓ Application form – completed and signed
- ✓ Current CV
- ✓ Identity card or passport
- ✓ Proof of address – registration confirmation (Meldebestätigung)
- ✓ In case you have changed your name: certificate of marriage or name change certificate
- ✓ School leaving certificate
- ✓ Diploma of apprenticeship or studies – including a transcript of records or subject overview
- ✓ Proof of work experience, e.g. job references, employment certificates (if available)
- ✓ Notices or letter from other authorities regarding your professional recognition (if available)

Please do not submit original documents. Submit all documents as a copy. We need both your foreign documents and the German translations from a sworn translator. No translation is required for documents that are originally issued in English.

The processing time only begins when all requested documents have been submitted. Submit a written declaration if individual documents are missing and cannot be obtained.

Please note: If you do not have a registration or a job in Hamburg, you can only apply if you are moving to Hamburg or are going to work in Hamburg.

IMPORTANT INFORMATION ABOUT THE RECOGNITION PROCEDURE

- The application is free of charge.
- Upon receipt of the application, you will receive a confirmation of receipt by e-mail.
- The legally prescribed processing time is a maximum of three months.
- After your application has been reviewed you will be invited to an appointment to show the original documents and original translations. This is not necessary if you submit notarized photocopies with your application.
- Proof of German language skills is not required for the application. If participation in adaptation measures is required in the case of partial equivalence, German language skills must be demonstrated at at least B2 language level.

Please note if applicable:

- ☐ I have submitted an application for recognition of a foreign professional qualification to other office in Hamburg/ Germany and am also submitting the notification/ letter.
- ☐ I consent to my application being forwarded for a professional assessment.
- ☐ I confirm that my information is correct and complete. (necessary)

Place: Date: Signature:

If you have any questions, please contact us:

Hamburger Institut für Berufliche Bildung
Berufsanerkennung

Hamburger Str. 131 in 22083 Hamburg (7th floor / room 702)



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Status: February 2023