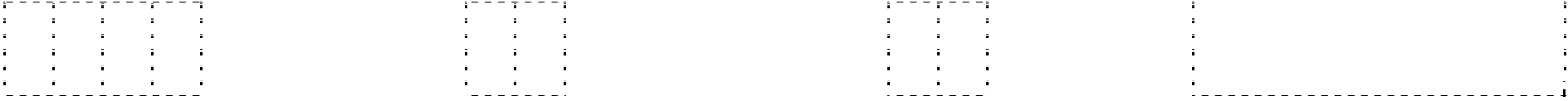
|  |  |  |
| --- | --- | --- |
| **R E P U B L I C O F C R O A T I A CROATIAN BUREAU OF STATISTICS** | 10 000 Zagreb, Ilica 3 Website: https://dzs.gov.hr | **ŠV-30 form**  The survey is conducted on the basis of the Official Statistics Act (NN, Nos 25/20 and 155/23). |
| **APPLICATION FORM**  **FOR STUDENTS ENROLLED IN UNIVERSITY SPECIALIST STUDY**  **Academic year 2025/2026** | | |
| The obligation to submit the report is based on Article 45 of the Official Statistics Act (NN, Nos 25/20 and 155/23). Refusing to provide data, providing incomplete and inaccurate data, or failing to provide data within the prescribed deadline will be subject to the penalty provisions laid down in Article 76 of the aforementioned Act.  The data provided in this report will be used exclusively for statistical purposes and will not be published individually. | | |

Type of activity



2 3 1 1 (4)

**Period**

0 1 (6)

**Year**

2 0 2 5 (8)

(filled in by the CBS) (14)

University of (16)

**Name of the institution of higher education** (filled in by the

CBS)

## Address

**Phone**

**Year** (not semester) **of the specialist study** (circle the code)

1st year ...................................................................... 1 (17)

2nd year 2

## Name of the study programme of the specialist study

(enter the name on the line)

(filled in by the CBS)

(21)

## Educational group of the specialist study

(enter the name on the line)

## Scientific field of the specialist study

(enter the name on the line)

# SURNAME AND NAME

(filled in by the CBS)

(filled in by the CBS)

(25)

(29)

**PIN** (please enter accurate and legible numbers) (40)

1. **SEX** (circle the code)

male ....................................................................................................... 1 (41)

female 2

1. **YEAR OF BIRTH** (enter into boxes) (45)

# PERMANENT RESIDENCE

**Settlement **(51)

## Town/municipality County

**Country **(54)

1. **CITIZENSHIP **(57)
2. **NATIONALITY** (59)

# TURN THE PAGE!

# ŠV-30 2

# PRIOR EDUCATION

# COUNTRY WHERE YOU ATTENDED SECONDARY SCHOOL (62)

**PRIOR STUDY COMPLETED** Type of study (circle the code)

university .......................................................................................................................... 1 (63)

professional 2

Name of the institution of higher education where you completed the study  (66) In which year (enter into boxes)  (70) In which country  (73)

# ACTIVITIES OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED1)

(circle one code)

Agriculture, forestry and fishing 01

Mining and quarrying 02

Manufacturing 03

Electricity, gas, steam and air conditioning supply 04

Water supply; sewerage, waste management and remediation activities 05

Construction 06

Wholesale and retail trade 07

Transportation and storage 08

Accommodation and food service activities 09

Publishing, broadcasting, and content production and distribution activities 10

Telecommunication, computer programming, consulting, computer infrastructure and other information

service activities 11

Financial and insurance activities 12

Real estate activities 13

Professional, scientific and technical activities 14

Administrative and support service activities 15

Public administration and defence; compulsory social security 16

Education 17

Human health and social work activities 18

Arts, sports and recreation 19

Other service activities 20

Activities of households as employers and undifferentiated goods- and services-producing

activities of households for own use 21

Activities of extraterritorial organisations and bodies (e.g., UN, EU, OECD, IMF, EFTA, WB, etc.) 22

Unemployed 99

1) Decision on the National Classification of Activities 2025 – NKD 2025 (NN, No. 47/24).

(75)

# NAME OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED

(enter the name on the line)

# YOUR OCCUPATION

(enter the name on the line)

1. **WHO PAID FOR THE STUDY** (circle one code according to prevalence)

76

Employer (organisation/company) 1

Funds from the state budget 2

Candidate personally/parent/provider 3

Someone else 4

(enter who/what)

Form filled in by Form checked by

(person responsible)

In on 20 .