**Caracterización Socio Económica Vendedores de la Economía Popular No. 0000**

**Objetivo:** Reunir y analizar datos socioeconómicos de la población de vendedores de la economía popular en el municipio de Pasto, con el fin de facilitar la organización en un lugar adecuado en concordancia a la Normatividad vigente aplicable.

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| **FECHA DE APLICACIÓN:** | | | | | | | | | | | | | | | DD / MM / AA | | | | | | | | | | | | | | | | **LUGAR ENCUESTA:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **HORA:** | | | | | | |  |
| **DIRECCIÓN:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **BARRIO:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. INFORMACIÓN PERSONAL**  Página1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identificación:** | | | | | | | | Nombre: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apellido: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Edad: | | | | |  | |
| **Genero:** | | M | | | | | F | | LGBTI | | | | | | | Otro: | | | | | | | | |  | | | | | | | | | | | | | | | | **Grupo étnico:** SI \_\_\_\_ NO \_\_\_\_ Cual: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de Identificación:** | | | | | | | | | | | | C.C | | | | | C.E. | | | | | | | | | | T.I | | | | | | | | N° | | | | |  | | | | | | | | | | | | | | | | | Exp | | | | | | |  | | | | | | | | | | Fecha | | | | | | | DD / MM / AA | | | | | | |
| **Dirección de residencia:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Barrio:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Teléfono/Celular N°:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Correo Electrónico** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Estado Civil:** | | | | Soltero (a) | | | | | | | | | | | Casado (a) | | | | | | | | | | | | | | | Viudo (a) | | | | | | | | | | | | | | Divorciado (a) | | | | | | | | | | | | | | | | | | | | Unión Libre (declarada) | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Tiene algún tipo de discapacidad?** | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | Cual: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Servicio de salud:** | | | | | | | | | | SI | | | | | | NO | | | | | | | | | **TIPO:** | | | | | | | | | Contributivo | | | | | | | | | | | | | | | | Subsidiado | | | | | | | | | | | | | | | | Otro | | | | | | Cual: | | | | | |  | | | | | | | | | |
| **SISBEN:** | SI | | | | | | NO | | | Puntaje: | | | | | | | | | | | |  | | | | | | | | | | | | | Año: | | | | | | |  | | | | | | | | | | | | | | | | | | | | Fecha Actualización: | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **¿Aporta a caja de compensación?:** | | | | | | | | | | | SI | | | | | NO | | | | | | | | Año: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Entidad: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **¿Cotiza a fondo de pensiones?** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año: | | | | | | | | |  | | | | | | | | | | Entidad | | | | | | | | | | | |  | | | | | | | | | | | | | RAI | | | | RPM | | | | |
| **¿Recibe pensión?** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año: | | | | | | | | |  | | | | | | | | | | Entidad | | | | | | | | | | | |  | | | | | | | | | | | | | RAI | | | | RPM | | | | |
| **Pertenece alguno de estos programas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Familias en Acción:** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año de ingreso | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Vigente | | | | | | | | | | SI | | | | NO | | |
| **Jóvenes en acción:** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año de ingreso | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Vigente | | | | | | | | | | SI | | | | NO | | |
| **Adulto mayor:** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año de ingreso | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Vigente | | | | | | | | | | SI | | | | NO | | |
| **Red unidos:** | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | | Año de ingreso | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Vigente | | | | | | | | | | SI | | | | NO | | |
| **¿Es victima reconocido(a) del conflicto armado?** | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | | NO | | | | | | | | | Cód. | | | | | | | | |  | | | | | | | | | | | | | Hecho Victimizante | | | | | | | | | | | | | | |  | | | | | | |
| **Pertenece a:** | | | | | | | Asociación | | | | | | | | | Cooperativa | | | | | | | | | | | | | | | | | | Sindicato | | | | | | | | | | | | | Otro... | | | | | | | | | | | | | Cual: | | | | | | | Nombre | | | | | | | |  | | | | | | | | | | | | |
| **2. FORMACIÓN ACADÉMICA TRABAJADOR DE LA ECONOMÍA POPULAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Escolaridad:** | | | | | | Primaria | | | | | | | | Secundaria | | | | | | | | | | | | | | | Educación media | | | | | | | | | | | | | | | | | | | | | | | Tecnólogo | | | | | | | | | | | | | | | | Técnico | | | | | | | | | Universitario | | | | | | | | | | |
| **Especifique el grado o título obtenido:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Su trabajo le impide estudiar?** | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | ¿Por qué? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Desea fortalecer académicamente su oficio?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | | NO | | | | | | | ¿Por qué? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Qué Curso Técnico o Tecnológico le gustaría Estudiar?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Otro. ¿Cual? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **NÚCLEO FAMILIAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parentesco** | | | **Nombre y Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Edad** | | | | | | | | **Estado Civil** | | | | | | | | | | | | | | | | **Grado** | | | | | | | **Titulo** | | | | | | | | **Ocupación** | | | | | | | | | | | |
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| **¿Con cuantas personas vive actualmente?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **¿Cuántas personas tienen a su cargo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **¿Cuántas personas son mayores de edad?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | ¿**Tiene hijos?** | | | | | | | | | | | | | | | | | | | | | | SI | | | | | NO | | | **Cuantos** | | | | | | | | |  | | | | | |
| **¿Alguno de los miembros familiares posee discapacidad?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | NO | | | | | | | **¿Cuántos miembros?** | | | | | | | | | | | | | | | | | | |  | | | | | |
| **¿Qué tipo de discapacidad?** | | | | | | | | | | | | | | | | | | Física | | | | | | | | | | Mental | | | | | | | | | | **¿Cuántos pertenecen a la tercera edad?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

**Mediante el registro de sus datos personales en la presente CARACTERIZACIÓN SOCIO ECONÓMICA VENDEDORES DE LA ECONOMÍA POPULAR Usted autoriza a la Alcaldía de Pasto para la recolección, almacenamiento y uso de los mismos con la finalidad de realizar una Caracterización Socio Económica Vendedores de la Economía Popular, así como para informarle sobre otros eventos organizados por esta entidad relacionados con nuestras funciones sobre los servicios que prestamos y las publicaciones que elaboramos. Como titular de la información tiene derecho a conocer, actualizar y rectificar sus datos personales, solicitar prueba de la autorización otorgada para su tratamiento, ser informado sobre el uso que se ha dado a los mismos, presentar quejas ante la Alcaldía de Pasto por infracción de ley al correo electrónico contactenos@pasto.gov.co, revocar la autorización y/o solicitar la supresión de sus datos en los casos en que sea procedente y acceder en formar gratuita a los mismos, dando cumplimiento a lo señalado en la Ley 1581 del 2012. Recuerde que puede consultar la política de protección de datos personales de nuestra entidad en nuestro sitio web www.pasto.gov.co**

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| **3. DOMICILIO FAMILIAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de vivienda** | | | | | | | | | Propia | | | | | | | Arrendada | | | | | | | | | | | | | | Anticresis | | | | | | | Familiar | | | Otra | | | | Cual | | | | | | | | |
| **Valor Arriendo** | | | | | $ | | | | | | | | | | | | | | | **Valor anticresis** | | | | | | | | | | | | | | | $ | | | | | | **Valor de la vivienda** | | | | | | | | $ | | | |
| **Estrato** | 1 | | 2 | 3 | | 4 | | **Forma de adquisición** | | | | | | | | | | | | | | | | | | Compraventa | | | | | | | | | | | | Herencia | | | | Subsidiada | | | | | Interés social | | | | | Proyecto |
| **Número de Habitaciones** | | | | | | | | | | 1 | 2 | | 3 | | 4 | | | | 5 | | 6 | | | 7 | | | 8 | | | | **Número de personas por habitación** | | | | | | | | | | | | | | |  | | | | | | |
| **¿Cuántas familias viven en la vivienda?** | | | | | | | | | | | | | | | | | | 1 | | | | 2 | | | 3 | | | 4 | | | | 5 | 6 | | 7 | 8 | | | **¿Posee Servicios Públicos?** | | | | | | | | | SI | | | NO | |
| **Cuales** | | Energía | | | | | Agua | | | | | Acueducto | | | | | | | | | | | Gas domiciliario | | | | | | | | | | | | | | | Televisión por cable | | | | | | | Internet | | | | | | Telefonía | |
| **limitación a la propiedad** | | | | | | | | | | | | | | | | | Hipoteca | | | | | | | | | | | | | | | | | Patrimonio familiar | | | | | | | | Usufructo | | | | | Medida cautelar | | | | | |
| **Otra forma de propiedad** | | | | | | | | | | | | | | Posesión | | | | | | | | | | | | | | | Herencia sin proceso divisorio | | | | | | | | | | | | | | Falsa tradición | | | | | | | Otro | | |

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| **4. ECONOMÍA DE LA FAMILIA** | | | | | | | | |
| **Ingresos del hogar:** | $ | | | | Diario | | Semanal | Mensual |
| **Gastos del hogar:** | $ | | | | Diario | | Semanal | Mensual |
| **¿Tiene otros ingresos diferentes a su venta informal?** | | SI | NO | Cuanto: $ | | Por Que Concepto: | | |

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| **5. ACTIVIDAD ECONÓMICA** | | | | | | | | | | | | | | | | | |
| **Trabajador informal:** | | Ambulante | | | Semi-estacionario | | Estacionario | | Periódico | | | Ocasional | | Temporada | | | |
| **Especificación de producto** | 1. Dulces | |  | 8. Artesanías | |  | | 15. Lotería | |  | 22. Accesorios celulares | | | | | |  |
| 2. Varios | |  | 9. Gafas | |  | | 16. Relojes | |  | 23.Productos temporada | | | | | |  |
| 3. Frutas y verduras | |  | 10. Paraguas | |  | | 17. Afiches | |  | 24.Accesorios de belleza | | | | | |  |
| 4. Helados | |  | 11. Prensa | |  | | 18. Papel-Cartón | |  | 25.Alimentos empacados | | | | | |  |
| 5. Ropa | |  | 12. Flores y plantas | |  | | 19. Metales | |  | 26.Alimentos preparados | | | | | |  |
| 6. Bisutería | |  | 13. Telefonía | |  | | 20. Plástico | |  | 27. Otros | | | | | |  |
| 7. Juguetes | |  | 14. Maletines | |  | | 21. Jugos | |  |  | | | | | | |
| **Tiempo en el que ejerce la actividad:** | | | |  | | | | | | | | | **Continuo** | | **SI** | **NO** | |
| **Lugar o sector en el que se ubica para ejercer la actividad:** | | | | | | | |  | | | | | | | | | |

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| **6. PROYECCIÓN FACTIBLE** | | | |
| **¿Podría desempeñar una actividad diferente?** | SI | NO | Cual: |
| **¿Le gustaría invertir en un producto diferente?** | SI | NO | Cual: |
| **¿Le gustaría crear un negocio propio?** | SI | NO | Cual: |
| **¿Desea formalizar su trabajo?** | SI | NO |  |
| **¿Le gustaría formar parte de un plan productivo** | SI | NO | Cual: |
| **¿Qué plan productivo quisiera usted que le ofrecieran?** | |  | |

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| **7. INFORMACIÓN LABORAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ingreso básico** | | | Mensual | $ | | | | | | | | | | | | | | | Quincenal | | | | | | | | $ | | | | | | | | Semanal | | | | | $ | | | | | | | Diario | | | | | $ | | |
| **Capital** |  | | | | Ingresos | | | | | | | |  | | | | | | | | | | | | | | | Egresos | | | | | | |  | | | | | | | | Otros | | | |  | | | | | | | |
| **Actualmente registra deudas** | | | | | | SI | | | | NO | | | | Entidad bancaria | | | | | | | | | | | | | | Hipoteca | | | | | | | | Quirografarios | | | | | | | | Otros | | | |  | | | | | | |
| **¿Es trabajador independiente?** | | | | | | | SI | | | | | NO | | | | | | | | **Actividad económica registrada** | | | | | | | | | | | | | | | | | | SI | | | NO | | | | | NIT. | | | |  | | | | |
| **¿Es propietario de las herramientas de trabajo?** | | | | | | | | | | | | | | | | | | | | | | SI | | NO | | | | | **Cual:** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **¿Cuáles son los días de trabajo?** | | | | | | | | Lunes | | | | | | | | | Martes | | | | | | | | | Miércoles | | | | | | | Jueves | | | | | | Viernes | | | | | | Sábado | | | | | | Domingo | | | |
| **Horas totales diarias de trabajo** | | | | | | | | | 1 Hora | | | | | | | 2 Horas | | | | | | | | 4 Horas | | | | | | | 6 Horas | | | | | | 8 Horas | | | | | 10 Horas | | | | | | | 12 Horas | | | | | |
| **¿Cuál es su horario de trabajo?** | | | | | | | Mañana | | | | | | | | Tarde | | | | | | | | Noche | | | | | | **¿Cuántas personas trabajan con usted?** | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Nombre:** | |  | | | | | | | | | **Edad:** | | | | | | | | | |  | | | | **Nombre:** | | | | | | |  | | | | | | | | | | | | | | | | **Edad:** | | | | |  | |
| **¿Cuánto tiempo demora en el trayecto desde su casa a su trabajo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Qué factores influyen en la elección del lugar de trabajo?** | | | | | | | | | | | | | | | | | | **Factor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Si** | | | **No** |
| Afluencia de personas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Seguridad del sector para el comercio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Falta de presencia de autoridades publicas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Infraestructura (amplitud de andenes, existencia de bahías) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |

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| --- | --- | --- | --- |
| 01 | 02 | 03 | 04 |

Encuestador

Huella

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CONTROL DE CAMBIOS**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.**  **REVISIÓN** | **DESCRIPCIÓN DE LA MODIFICACIÓN** | **FECHA DE APROBACIÓN** | **VERSIÓN**  **ACTUALIZADA** |
| 01 | Se cambia el objetivo color de la numeración y se incluye el cambio el proceso de encuestador | 16-Abr-2024 | 02 |

|  |  |  |
| --- | --- | --- |
| Elaborado por:  Liliana Polo Castro  Contratista Secretaria | Revisado por:  Giovani Alfonso Patiño Montenegro  Director Espacio Público | Aprobado por:  Milton Mauricio Rosero  Secretario de Gobierno |