



VOCATIONAL PROFILE (PART 2)

(Please complete the Consent Section (Page 15) and the Benefits and Employment Section (Page 16) **BEFORE** commencing profiling)

This should be completed in conjunction with the REFERRAL FORM to form a complete Vocational Profile.

12. CURRENT SITUATION

12.1 Living arrangements (Who do you live with?)

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12.2 Any dependants?

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12.3 Immediate family members (*address/telephone number, if different*)

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13. SUPPORT FROM OTHERS

13.1 Help and support (*family, friends*)

NAME	STATUS	CONTACT TELEPHONE NO

17. EDUCATION

SCHOOL/COLLEGE	WHEN (dates)	COURSES ATTENDED	QUALIFICATIONS/ SKILLS ACQUIRED	COMMENTS

18. EMPLOYMENT/WORK EXPERIENCE/JOB TRAINING

EMPLOYER/ TRAINING AGENCY	PAID/WORK EXP/VOL	NATURE OF WORK Skills/Attributes Gained	COMMENTS (LIKES/DISLIKES/ REASON FOR LEAVING)

19. JOBS AT HOME/FOR OTHERS

JOBS DONE AT HOME AND FOR OTHERS	HOW OFTEN	NATURE OF ANY SUPPORT GIVEN	COMMENTS (LIKES/DISLIKES) Skills/Attributes Gained

22. EMPLOYMENT/TRAINING

22.1 In what capacity are they able to work?

Voluntary Part-time Work Experience Full-time

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22.2 What is their preferred working pattern?

Normal 9-5 Night work Very early morning Weekends Shifts

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22.3 What kinds of work would the client consider doing at the present and in the future?

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22.4 What kinds of work would be considered realistic (consider skills, abilities and limitations)?

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22.5 Further training? (*what sort?*)

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25. BARRIERS TO FINDING EMPLOYMENT

Date: _____

Barriers to finding a job	Barrier? Yes/No	Describe the barriers you feel you face in finding a job and the support you need to overcome them
Health/Disability Issues		
Personal Circumstances (Carer responsibilities, social issues)		
Financial Issues		
Drug/Alcohol Misuse		
Criminal History		
Communication		
Confidence		
Fears/Anxieties		

Barriers to finding a job	Barrier? Yes/No	Describe the barriers you feel you face in finding a job and the support you need to overcome them
Motivation/Attitude		
Attitude of Others		
Basic Skills (reading, writing, numeracy, language)		
Vocational Experience/ Skills		
Job Finding Skills (Forms, interviews, where to look)		
Workplace Issues		
Transport		
Please identify any other barriers		

Please follow up any action to be taken on the client development plan

DATA PROTECTION

The Council maintains a Register Entry in respect of Social Services which includes the information on this document.

Personal data provided by you on this form is treated in confidence and complies with the requirements of the Data Protection Act 1998.

Personal data provided will not be used for any other purpose than that advised to you and will not be made available to other agencies without your prior consent.

CONSENT

To enable Bury EST to provide the best possible service to you there may be circumstances where they will need to provide or obtain information relating to you from other persons or organisations. Any information will be treated in confidence.

Please complete the following section confirming whether or not Bury EST can provide or obtain relevant information from the following:

PERMISSION TO OBTAIN/DISCLOSE INFORMATION:

	Please initial	
	YES	NO
Potential employers, training and education providers		

	YES	NO
	GP, Community Psychiatric Nurse or other consultant physician	

	YES	NO
	Employment Services regarding my assessment and case file from my Disability Employment Adviser	

	YES	NO
	My employer (with my knowledge)	

	YES	NO
	Agencies regarding benefit claims	

OTHER CONSENT

	YES	NO
	Consent for Bury EST to use my photo/image and case history for promotional purposes	

Bury EST will not contact any other individual or organisation to either obtain or provide information without your consent

Client Name:

Signature:

Date:



SOCIAL SECURITY ADMINISTRATION (FRAUD) ACT 1997

BENEFITS AND EMPLOYMENT

When you obtain employment your benefits may or may not be affected. This will depend on the hours you are working and the wage you are paid. Most clients apply for either Permitted Work or Tax Credits. The benefits you presently receive will probably be Income Support, Incapacity Benefit, SDA, Disability Living Allowance, Mobility Allowance or a combination of these. Some clients will also be in receipt of Housing Benefit and Community Charge Benefit.

When you start work it is **vital** that the relevant agencies are notified of your change of circumstances even if your benefits will **not** be affected.

The Benefits Agency will need to be informed about any work you are doing even if it is on a voluntary basis. In addition, if you are earning extra monies, and are in receipt of Housing/Community Charge benefits you must inform the office which administers these benefits. Failure to do this may mean that you are faced with additional charges later or you could even face criminal prosecution under the Social Security Administration (Fraud) Act 1997.

Whilst it is your own responsibility to inform people about any change of circumstances we will be pleased to help with any necessary correspondence or official forms.

I have read and understand the above obligations.

Signed: _____ (Client)

WORK SEARCH DEVELOPMENT PLAN



Name:

Address:

NI No: DOB:

Date Commenced

Review Date:

Signposts		How Achieved Resources/Venue/Timeframe	Who Involved Organisation	Outcome/Review	Date
	Job Match Details Achievable/Realistic				
	Anticipated Support Needs Ability/Disability/Emotional/Physical/Sensory				
	Learning & Development Goals Achievable/Realistic				

Agreed: Service User PO/EO

