

Vocational Profile

Your name _____

Date profile started _____

Person helping you
(Job Coach) _____

Who would you call in
an emergency? _____

1: BACKGROUND INFORMATION

NAME
DOB

Name _____

Date of Birth _____

Address _____



Mobile phone number _____

Home phone _____



Email _____

What school did you go to? _____



What college did you go to? _____

Which benefits do you get? _____



2: MORE ABOUT YOU: HOW YOU COMMUNICATE

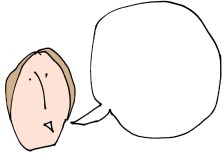
What is your first language?

Do you use other languages?

Yes

No

Tell us more



Tick the things you use

A desktop computer

A laptop

An iPad

A tablet

A mobile phone



Do you use words to speak?

Yes

No

Tell us more



Do you use signs?

Yes

No

Tell us more



Do you use an electronic communicator?

Yes

No



Do other people support you to communicate? Tell us more

Yes

No



Do you read?
Tell us more

Yes

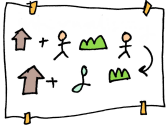
No



Do you use symbols?
Tell us more

Yes

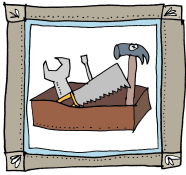
No



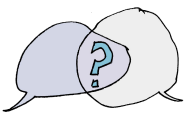
Do you use pictures?
Tell us more

Yes

No



Is there anything else that is important to you about
your communication?



3: WHAT DO YOU ENJOY?

What are your interests and or hobbies?



What do you enjoy during the week?



What do you enjoy doing at the weekend?



Do you like being outdoors a lot or do you prefer to be indoors mostly?

Outdoors

Indoors

Tell us more



Are there things that you do outside that you don't enjoy? Tell us more



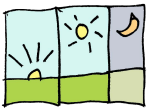
Do you prefer spending time with lots of people or just with a few people?

What do you prefer?

Tell us more

Are you an early morning person or are you better later in the day?

Tell us more



4: THINGS YOU MAY NEED SUPPORT WITH AT WORK.

Do you take any medication?

Yes

No

If so, what do you take?



Do you have any behaviours that people need to be aware of and what triggers these?

Tell us more



Do you have any difficulty with:

(Tick the ones that apply to you)

Standing for a long time Walking

Sitting for a long time Kneeling

Lifting

Carrying

Using your hands

Balance



Do you have any difficulty with:

(Tick the ones that apply to you)

Allergies

Sight

Hearing

Smells

Taste

Touch

Being in Crowded places



What needs to be in place to keep you healthy and safe?



5: WHAT OF THE FOLLOWING ARE IMPORTANT IN YOUR LIFE?

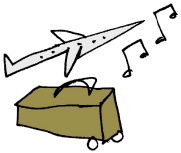
Diet:



Clothing:



Festivals and holidays:



Religious observations:



Anything else?



6: HOW DO YOU TRAVEL?

Choose from the
Drop down list:

Bus

Train

Car

Cycle

Taxi

Walk



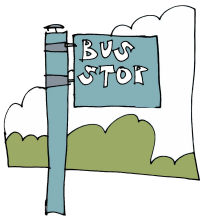
Comments

Have you had any support to travel as independently as possible?

Yes

No

Give more details here:



7: HOW DO YOU USE MONEY?



Choose from the drop
down list

Cash

Card

Cash point

Phone or online banking

Anything else about using money?

8: HOW DO YOU TELL THE TIME?

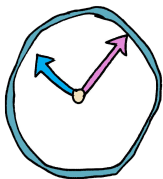
Tick the boxes that apply to you.



Other people make sure you know the time and get to where
you need to be.

You use the phone to tell the time

You use a watch



You understand the 24 hour way of telling the time

You understand the 12 hour clock way of telling the time

Is there any other support needs for you to tell the time?

9: THINKING ABOUT GETTING A JOB AND PLANNING YOUR CAREER

What Jobs do people you know do?



Have you visited a work place?

Yes

No

Tell us more about your visit.

What did you enjoy?

What did you find out?



Have you done work experience?

What was your work experience and how did you find it?

Yes

No

Tell us more about your work experience

Have you done some volunteering?
If so where was it?

Yes

No

What worked and didn't work about the volunteering?
Tell us more about your volunteering?



Have you done a Supported Internship?

Tell us more about your Supported Internship

Yes

No

Have you done any paid work?

Tell us more about your paid work

Yes

No

If you have done work experience, volunteering or paid work,
what support did you get?



10: PLANNING FOR YOUR JOB AND CAREER

Have you thought about the kind of job you would like to do?

Yes

No

What ideas do you have?



You may be thinking about being self employed. Here are some kind of things people do when they work for themselves.

Tick the ones that may interests you:

Recycling

Dog Walking

Performing arts

Training others about disability

Selling Jewellery and accessories

Doing Cosmetic parties



My other ideas are:



11: OTHER THINGS THAT ARE IMPORTANT TO YOU ABOUT GETTING A JOB OR ABOUT IDEAS YOU HAVE FOR YOUR FUTURE CAREER

Have you ever thought about your dream job?

You may have more than one. Can you share your ideas

My dream job would be

I would like this job because...

Anything else?

