

# Vocational Profile

Your name:

Name of Job Coach:  
(or person helping you now)

Date profile started:

## 1: BACKGROUND INFORMATION

**NAME**

Name:

**DOB**

Date of Birth:



Address:



Mobile phone number:



Home phone number:



Email address:



Who do you live with?



What school do you or did you go to?

What college do you or did you go to?



Have you got any qualifications or certificates?

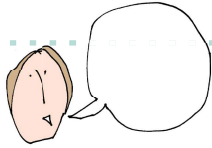


Which benefits do you get?



Who would you call in an emergency?

## 2: MORE ABOUT YOU.



What is your first language?

Do you use other languages?

 Yes No

Give more information here



Tick the things that you use

 a desktop computer a laptop an ipad a tablet a mobile phone

Do you use words to speak?

 Yes No

Give more information here



Do you use signs?

 Yes No

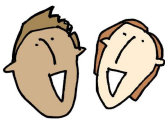
Give more information here



Do you use an electronic communicator?

 Yes No

Give more information here



Do other people support you to communicate?

 Yes No

Give more information here



Do you read words?

 Yes No

Give more information here

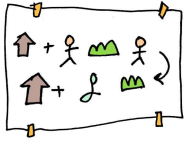
Do you read symbols?

 Yes No

Give more information here

Yes

No



Do you use pictures?

Give more information here



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 doing at school or college ?



What do you enjoy doing outside of school or college?



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

Outdoors

Indoors

Give more information here

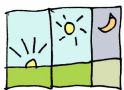


Are there things that you do at school, college or outside that you don't enjoy?

Give more information here

What do you prefer?

Please choose one



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

Please choose one

## 4: THINGS YOU MAY NEED SUPPORT WITH AT WORK.



Do you take any medication?

Yes  No

If so what do you take?

Can you take your own medication

Yes  With some help  No



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

Yes  No

This is what people need to know about my behaviour:



Do you have any difficulty with:  
(Tick the ones that apply to you)

<input type="checkbox"/> Standing for a long time	<input type="checkbox"/> Sitting for a long time
<input type="checkbox"/> Walking	<input type="checkbox"/> Kneeling
<input type="checkbox"/> Lifting	<input type="checkbox"/> Carrying
<input type="checkbox"/> Using your hands	<input type="checkbox"/> Balance



Do you have any issues with the following: (Tick the ones that apply to you)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Sight
<input type="checkbox"/> Hearing	<input type="checkbox"/> Smells
<input type="checkbox"/> Taste	<input type="checkbox"/> Touch
<input type="checkbox"/> 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 Please choose

Train Please choose

Car Please choose

Cycle Please choose

Taxi Please choose

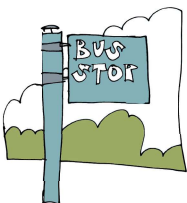
Walk Please choose

Comments

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

Yes  No

Give more details here



## 7: HOW DO YOU USE MONEY?

Types of money

Choose from the drop down list



Cash Please choose

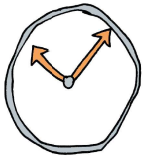
Card Please choose

Cashpoint Please choose

Phone or online banking Please choose

Anything else regarding 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 where you need to be.

You use your phone to tell the time

You use a watch

You understand 24 hour way of telling the time

You understand the 12 hour clock way of telling the time

Are there any other support needs to tell the time?

## 9: THINKING ABOUT GETTING A JOB AND PLANNING YOUR CAREER

What jobs do people you know do?

Create a list here:

At school or college have you visited a work place?

Yes  No

If so what did you enjoy and find out?

Tell us more about your visits:

Have you done work experience?

Yes  No

Tell us more about your work experience:

If so what was your work experience and how did you find it?



Have you done some volunteering?  
If so where was this and how was it?

Yes  No

Tell us more about your volunteering:

Have you done a Supported Internship?  
If so where was this?

Yes  No

Tell us more about your Supported Internship:

Have you done any paid work?

Yes  No

Tell us more about your paid work:



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

The support I got was...

## 10: PLANNING FOR YOUR JOB AND CAREER

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Have you thought about the kind of job you would like when you leave education?  
If so what ideas do you have?

Yes       No

Give more details here



You may be thinking about being self employed. These are the kind of things people do who work for themselves:

Tick the ones that interest you

- Recycling     Dog walking     Performing arts  
 Training other about disability equality  
 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?

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Have you ever thought about what your dream job may be?  
If so what is it?  
Or maybe you have lots of ideas.  
Can you share them?

My dream job would be...

I would like this dream job because...



Anything else?