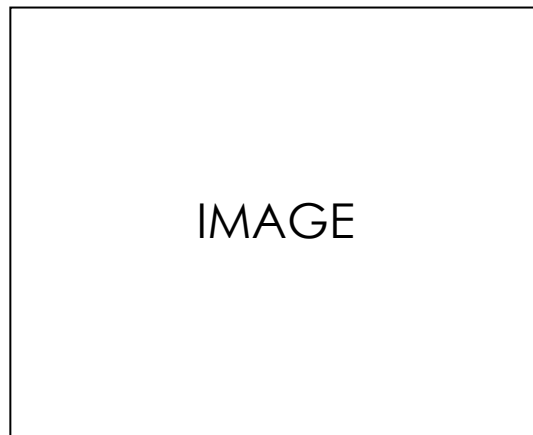


Vocational Profile

Insert pupil name here



IMAGE

Your full name:

D.O.B

Your address:



Mobile:

Email:

What is the best way to contact you?

(click one or more boxes)

Mobile	Email	Post
--------	-------	------

What type of home do you live in?

For example: a shared house, with family

What kind of area do you live in?

For example: a quiet area, friendly, shops/businesses nearby?



Are there any shops, clubs or other place that you or your family often use?

How close to a bus stop or train station do you live?

Walking Distance	It is quite a long walk for me	No bus stop/station that I can walk to
------------------	--------------------------------	--



More information about you

What types of clothes do you like to wear?

How would you describe your personality?

Do you have any faith considerations?

For example: clothing or religious holidays

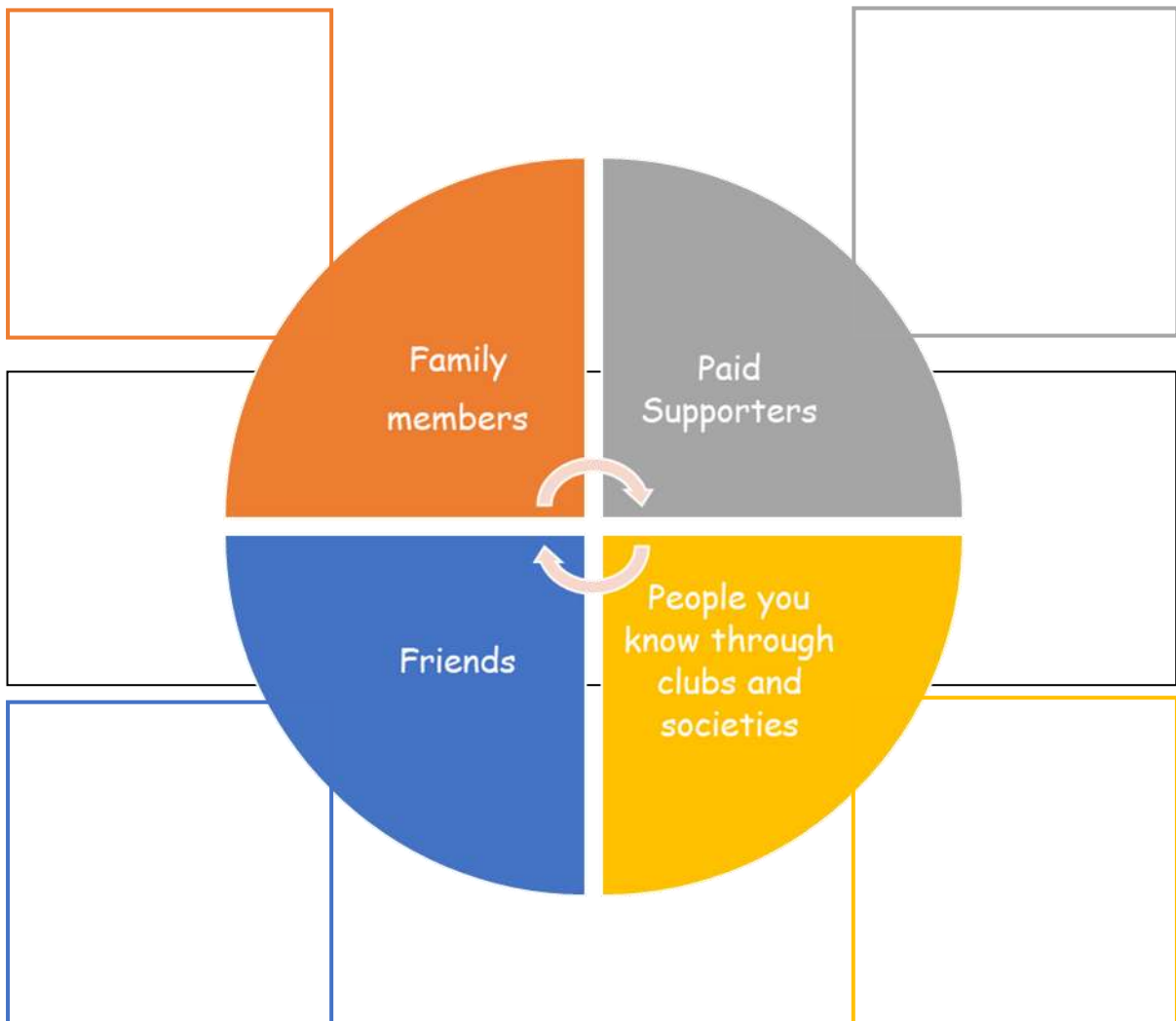
How much family/learning support do you get each week?

What things are you good at?

This can be at home or at school.

Who are the people who are important to you?

For example, family, friends, learning support people, and any other people you know.



Please list what kinds of jobs (if any) your family and friends have.

Name	Type of work/place of work

Have you ever considered getting a Saturday job or holiday job?

Yes / No

Please list any health conditions that may affect your work

For example: do you have eczema, diabetes, asthma or do you take medicine regularly?

--

Do you have any issues with any of the following things?

Please add any additional info

Are you ok standing up for an hour or two without difficulty?

Yes / No



Can you walk ok?

Yes / No

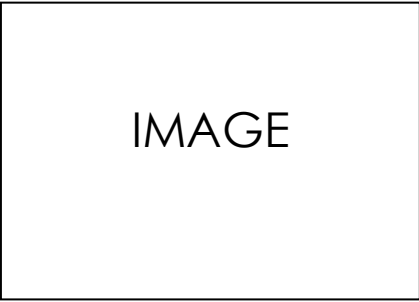


Are you ok sitting down for two hours or more?

Yes / No



Can you kneel for a long time?



Please add any additional info

Can you lift things?

Yes / No

--

Can you carry things?

Yes / No

--

Are you ok at using your hands?

Yes / No



--

Can you balance ok?

Yes / No

--

Do you have problems with any of the following?

Please add any additional info

Your sight

For example: close up,
being light sensitive

Yes / No



Your hearing

For example: hearing loss,
being sensitive to noise

Yes / No



Smells

For example: being
sensitive to smells, having
trouble smelling things

Yes / No



Please add any additional info

Taste

For example: sensitive to tastes, having trouble tasting things



Yes / No

Touch

For example: being sensitive to touch, not liking being touched



Yes / No

Spatial awareness

For example: finding your way around, coping with crowded places



Yes / No

Please tell us about any allergies you have

Education and Training



School or college attended	Dates attended

What courses did you do?

What skills, qualifications and certificates did you gain? For example: certificates for good behaviour



What subjects do you enjoy?



What subjects do you not enjoy?



What career experience have you had?

Type of career experience

Where did your career experience take place?

When did you do this work experience?

How many times a week did you access your career experience?

What did you enjoy about this placement? 😊

What did you not like about this placement? 😞

What does your typical week involve?

Monday - Friday

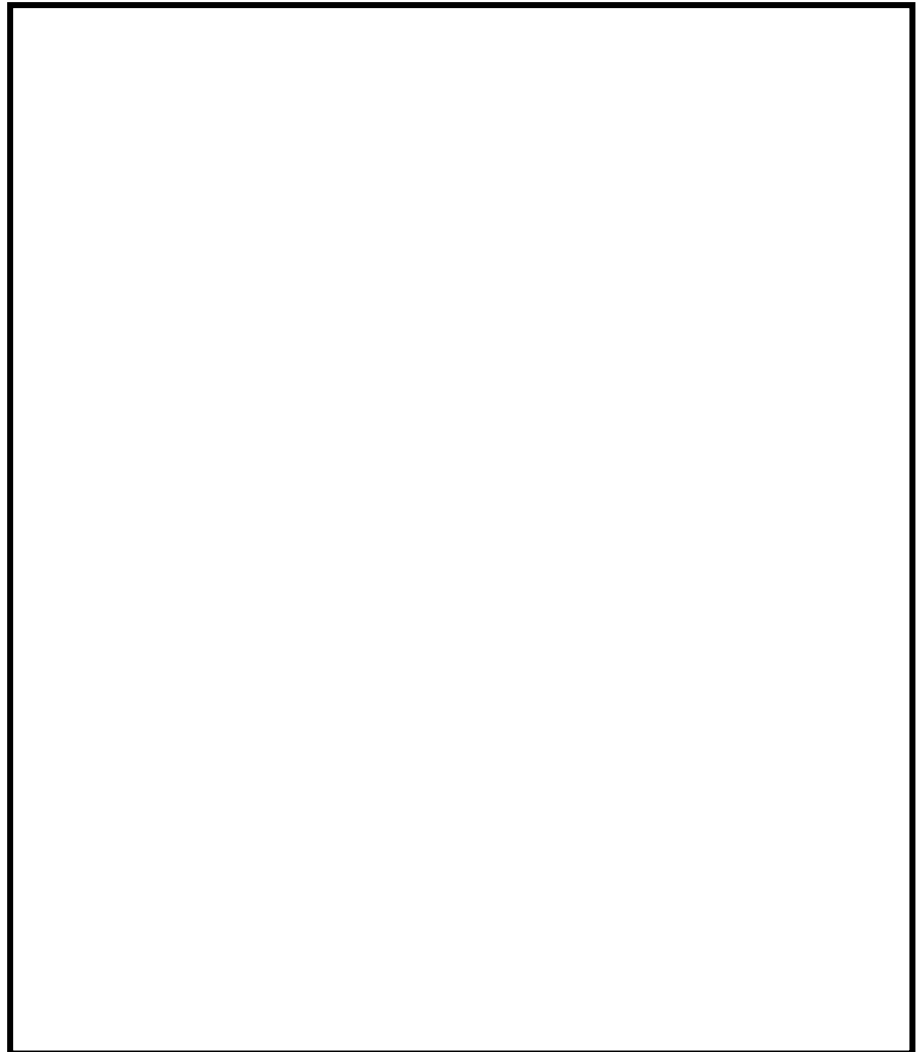
Monday

Tuesday

Wednesday

Thursday

Friday

A large, empty rectangular box with a black border, intended for writing notes about the typical week from Monday to Friday.

Weekend

Saturday

Sunday

A large, empty rectangular box with a black border, intended for writing notes about the typical weekend from Saturday to Sunday.

Finding the right job for you

Please tell us why you want a job?

This could be to earn money, meet people, to learn new things or because you would enjoy it.

If you had a job how many days a week would you like to work?

Think about whether you would be happy to work weekends

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What times of the day would you be happy to work?

For example: early mornings, during the day, evenings

Can you work a full day up to 8 hours?

Would you like to work mainly on your own or as part of a team?



Do you want a job where you are mostly moving around or sitting down?



Places of work

There are many different places you can work.

Here are some examples.

Please use the “Places of work” booklet for further help and guidance.

Highlight any that the young person would consider.

1. Airport	2. Shop
3. Supermarket	4. Superstore

5. Cafe	6. Restaurant
7. Pub	8. Fast food
9. Garden Centre	10. Hospital
11. Hairdressers	12. Hotel
13. Office	14. School
15. College	16. Leisure Centre
17. Building site	18. Childcare centre
19. Garage	20. Car showroom
21. Petrol station	22. Gardens
23. Railway station	24. Bus station
25. Farm	26. Countryside
27. Kennels/cattery	28. Outdoor events

29. Stables	30. Day centre
31. Theatre	32. Cinema
33. Factory	34. Warehouse
35. People's homes	36. Car park
37. Library	38. Laboratory

Please add any other workplace here

Types of work

Please use the "Places of work" booklet to help answer the following questions

Job:

tasks I would be interested in doing:

Job:

tasks I would be interested in doing:

Job:

tasks I would be interested in doing:

Travel

Please highlight any of the following relevant to you

Walk to places on my own

Walk to places with a supporter

Drive myself



Get a lift in a car

On the bus by myself

On the bus with a supporter



On the train on my own

On the train with a supporter

Cycle



Use taxi's

Use special transport like Dial a Ride

Do you have a bus or a railcard?

Yes No



Do you need help with learning to travel around?

Yes No



Summary of the help the young person needs with travel

How independent are you at home?

Can you cook meals?

Yes No With help



Can you do housework and laundry?

Yes No With help



Can you do food shopping?

Yes No With help



Can you recycle items correctly?

Yes No With help



Can you use the phone?

Yes No With help



How independent are you with money?

Do you have a bank account?

Yes No

Can you use a credit or debit card? (If over 16)

Yes No With help

Can you pay money in at the bank?

Yes No With help

Can you use a cash point machine?

Yes No With help

Can you work out the right money to buy things in a shop?

Yes No With help

Do you need help to work out the right change in a shop?

Yes No With help

How independent are you with reading and writing?

Can you read a letter or leaflet?

Yes No With help



Can you fill in forms like this one?

Yes No With help

Can you write a shopping list?

Yes No With help



Can you read a bus or train timetable?

Yes No With help

Could you write a CV for yourself?

Yes No With help

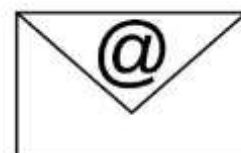


Can you find a website you have not visited before?

Yes No With help

Can you use email?

Yes No With help



How independent are you with time?

Can you tell the time?

Yes No With help



Can you understand a 12 hour clock?

Yes No With help

Can you understand a digital clock?

Yes No With help



Can you get to appointments on time?

Yes No With help

Can you work out how long it takes to get somewhere?

Yes No With help

How independent are you with phones?

Can you use a telephone?

Yes No With help

Can you use a mobile phone?

Yes No With help

Can you send a text message?

Yes No With help

Can you leave a voicemail?

Yes No With help

Additional comments:

Other things you may need help with

Staying clean and tidy

Yes No

Having a bath or shower regularly

Yes No

Remembering to wear clean clothes

Yes No

Budgeting money

Yes No

Remembering dates for appointments

Yes No

Making choices

Yes No

Looking after your health

Yes No

Understanding information

Yes No

Concentrating

Yes No

Worrying or getting anxious

Yes No

Additional comments:

Communication, Information and Learning

Do you communicate by speaking?

Yes No



Do you use any other things to support your communication?

Makaton signing BSL signing Pictures or symbols

Other:

Do you use any other things to support your communication?

Large Print Large print with pictures (Easy Read)

What is the best way for you to learn things?

Being told what to do

Being shown what to do

Having a list that tells me what to do

Using pictures to show me what to do

Other:

Social rules of work

Each workplace has rules about things like using your phone, what to do at breaks, smoking, talking at work, keeping things private and food/drink.

I might need help to understand social rules

Yes No

Name of person completing this form (BLOCK LETTERS)

This has been completed from a school perspective

Role in school:

Signature:

Date:

Signed by young person

Signature:

Date:

The original version of this form was created by Bath and North East Somerset Council. You can find the original version at:

<https://www.preparingforadulthood.org.uk/downloads/employment/vocational-profile-workbook.htm>

This form was modified for High Park students and other students in Bradford to use.