

positive e

Nottinghamshire Healthcare



NHS Trust

Positive about mental health and learning disability

VOCATIONAL PROFILE

VP1

VOCATIONAL PROFILE - VP1

PERSONAL DETAILS		Date:
Title	First Name	Surname
Home Address	Town	County
National Insurance No:		
E-mail Address:		
Postcode	Home Tel. No.	Gender
Residential District	Date of Birth	Disability
Preferred Method of Communication:		
<p>Do you need any help or support when communicating with others?</p>		
<p>Your Religion or Belief (Please mark with an X)</p> <p> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> No religion <input type="checkbox"/> Other <input type="checkbox"/> </p> <p>Other: (Please state)</p> <p>Belief: (Please state)</p>		

1. EDUCATION

schools/college courses/attended

qualifications (if relevant)

Details of Basic Skills:

(Please mark with an X)

Are you able to read? Yes No
Are you able to write? Yes No

2. WORK HISTORY (please state relevant history and dates) – paid and unpaid

(Please mark with an X)

Do you have an up-to-date CV Yes No

Discuss work history/experience:

E.g. jobs enjoyed, positive/negative outcomes, relationships, confidence, self esteem, training, work environment, hours/days, support and training, reasons for leaving.

3. VOCATIONAL TRAINING & INFORMATION TECHNOLOGY

Previous Vocational Training:

Have you thought about other Vocational Training? Interview experience?

Preferred days/times:

Do you have experience with computers: Yes No

Details:

Would you like further information about courses/training?

Do you have specific phobias/fears or concerns around technology?

Do you have any IT qualifications? Yes No

If yes, please list

4. PREFERRED WORK

- a. Preferred work choice:
- b. Preferred days:
- c. Preferred hours:
- d. Preferred times (morning/evenings)
- e. Skills you would like to develop or learn

- f. Work felt suitable by friends and family

- g. What significant people are available to help you or are involved with finding and retaining employment (e.g. Family, Friend, Support Worker, DEA,)

- h. Details of current job search and does anyone support you with this?

- i. What training or experience do you have to support your job choice?

- j. What training and support do you need (if any) to undertake job choice?
e.g. mentoring, job coach, reasonable adjustments

- k. Are you aware that going to work may affect your benefits? Yes No
- l. **Details of benefits currently claiming:**

- m. **Employment specialist to book date and time with client & DEA to undertake Better off Calculation.**

- n. Do you understand that your employer may have a dress code? Yes No
- o. Are you prepared for work to come before all social activities and classes?

- p. If you have to have time off work are you able to let your employer know as soon as possible?

5. SUMMARY OF SOCIAL AND DOMESTIC SKILLS

Discuss social activities:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
a.m.							
p.m.							
evening							

Description of typical routines/social activities (what you do everyday)

Home maintenance skills (DIY, painting and decorating, car maintenance, computers)

Your skills in accessing the community/leisure resources and any specific concerns (phobias, lack of confidence, health)

Do you have any likes or dislikes?

6. TRANSPORT

Current driving licence: YES NO

HGV or other vehicle licence or qualification:

Vehicle owner:

Would you consider using your own transport? (please give reasons if relevant)

Transport available:

Are you able to use public transport? Yes No

If not is there someone to help you to travel to work?

If not how would you get to work?

7. RESIDENTIAL INFORMATION:

a. people living with you (where you live now)

b. Where have you lived in the past?

c. description of neighbourhood – accessibility for buses/community services/local facilities

d. home owner: YES NO Would you like to be? YES NO

e. rented accommodation (Local Authority/private landlord)

other relevant information:

8. PERSONAL DETAILS – SELF STATEMENT

Mental health diagnosis:

Symptoms you experience :

Please give details of how your mental health needs may affect your work and day to day activities.

Do you have any other relevant conditions?

- | | | | | | |
|-------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Visual Impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bronchitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Eczema | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dermatitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Heart Condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Deafness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Speech Impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hepatitis B | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Aspergers/Autistic spectrum | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are you currently taking any medication: Yes No

If yes please give details including possible side effects:

Do you need any extra help or support to manage your health care? Yes No

What type of support do you feel would be helpful to you?

Are there any coping mechanisms you employ which enable you to get through difficulties which can be used in your employment support plan.

Please discuss & record benefits of Disclosure:

9. EMPLOYEE SKILLS/PREFERENCES

This grid identifies the closeness of the match by checking key environmental and job specific characteristics. Use the boxes to score your preference and skills, a mark in box 1 indicates a position at the left of the scale, a mark in box 6 indicates a position on the right. Add any requirements to the list that you feel are relevant. Add any narrative on the grid or using a continuation sheet that will offer clarity and help with the matching process.

(Please mark with an X)

Preferences	1	2	3	4	5	6	
I would like to work full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	part time
indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	outdoors
staying in one place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	moving about
in a busy workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a relaxed workplace
in a hot workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a cold workplace
in a noisy workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a quiet workplace
in a clean/tidy workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a messy workplace
constantly working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paced work
in a big workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a small workplace
mainly with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mainly with women
in a uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not in a uniform
Skills							
I like to work with my hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not with my hands
I have good eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a visual impairment
I have good hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a hearing impairment
I am a good communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't communicate
I can lift heavy loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like heavy lifting
I have stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I haven't much stamina
I like to work with words/books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like to read
I like to work with numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like using numbers
I can/like to use money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can't/don't like using money
I can tell the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can't tell the time
I can work quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer to work slowly
I like to do varied tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	repeats only 1 or 2 tasks
I can use my judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
I like to work without support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	working under direct support
I can use my initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
like to look after my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
I have good personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
In this section add any other characteristics/requirements that you feel are important in the job							
use of public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

In this section add any other skills or preferences that you feel are important to you

Preferences	1	2	3	4	5	6	
I like to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I like to work independently
I like to use public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't like public transport
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. SUPPORT NEEDS CHECKLIST (give details of any support needs you have)	Full Support <input type="checkbox"/>	Needs asst. <input type="checkbox"/>	Independent <input type="checkbox"/>
10a General:	Good	Average	Poor
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress/appearance, Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b Work Related Skills:	Good	Average	Poor
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c Work Tasks (identifies in job description, if applicable)	Good	Average	Poor
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d Comments:			
Review Date Agreed			

11. INFORMATION ANALYSIS/REVIEW:

This is where all the information is gathered together during the VP process and a review of the potential future development routes based on that information and discussion with the client. This is the groundwork for the action points to be agreed which will be written on the VP section of the Employment support Plan. Both Employment Specialist and potential employee should sign this review. A copy to be sent to employee and a copy to be kept on file.

Signed: _____ **Date:** _____
(Service User)

Signed: _____ **Date:** _____
(Employment Specialist)