**My Vocational Profile**

**Photo here**

**NAME:**

**Introduction**

The aim of this Vocational Profile is to understand your experience, skills, abilities, interests, aspirations and needs in relation to employment.

It provides a picture of the ideal conditions needed in a workplace for you to be successful. This will allow for the best possible job match or work experience placement.

It is used in Bath and North East Somerset from year 9 onwards to update your One Page Profile and inform your Annual Review meetings. The summary sheet should be used to write the outcomes in your Education Health and Care Plan.

This profile is designed for you to complete with someone who is familiar to you like your tutor or a teaching assistant.

The profile is yours and you need to consent for it to be shared as part of your Education Health and Care Plan.

There are tools available to help you complete the profile including:

* Photographs
* Clip art images
* A list of job options and associated tasks

Should you need any of the above please contact your SEND Practitioner

**Your Vocational Profile**

|  |  |
| --- | --- |
| Your full name  |  |
| The name of the person helping you to fill this in  |  |
| Your age |  |
| Your address  |  |

Information about you:

What activities do you really enjoy?

|  |
| --- |
|  |

How would you (or others) describe your personality?

|  |
| --- |
|  |

What type of clothes do you like to wear –smart/casual etc.

Would you wear a uniform for work?

|  |
| --- |
|  |

Do you have any faith considerations?

|  |
| --- |
|  |

**Your family and friends**

Please tell us about the kinds of jobs /occupations your family and friends have

|  |  |  |
| --- | --- | --- |
| Name  | Relationship  | Type of work/place  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Have you ever thought about or had a Saturday or holiday job?

|  |  |
| --- | --- |
| Yes  | No  |

If yes what kind? e.g. what setting and was it paid, voluntary

|  |
| --- |
|  |

Please tell us about any health conditions that may affect your work including any allergies

|  |
| --- |
|  |

Please tell us if you have any difficulties with the following:

|  |  |  |
| --- | --- | --- |
|  | Yes  | No  |
| Are you ok standing up for an hour without difficulty? |  |  |
| Are you on sitting down for two hours or more? |  |  |
| Can you walk ok? |  |  |
| Can you kneel down for a long time |  |  |
| Can you lift things  |  |  |
| Can you carry things  |  |  |
| Are you ok using your hands? |  |  |
| Is your balance ok? |  |  |
| Do you have problems with your sight? (including lights sensitivity) |  |  |
| Do you have any problems with your hearing? (including being sensitive to noise) |  |  |
| Are you sensitive to smells or do you have trouble smelling things? |  |  |
| Are you sensitive to touch or textures? |  |  |
| Are you sensitive to taste  |  |  |
| Can you manage being in crowded places? |  |  |
| If you have answered yes to any of the above please tell us more here: |

**Education and Training**

What skills, qualifications and certificates have you gained whilst in school/college?

|  |
| --- |
|  |

**Your Work Experience**

What work experience placements have you had?

|  |  |
| --- | --- |
| Place  | Hours per week  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

What did you enjoy about your placements?

|  |
| --- |
|  |

What didn’t you like about your placements?

|  |
| --- |
|  |

**Finding the right job for you:**

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

Please tick the days you would like to work

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mon | Tues  | Wed  | Thurs  | Fri  | Sat  | Sun  |
|  |  |  |  |  |  |  |

Please circle the times of day do you think you could work

|  |  |
| --- | --- |
| Day 9-5  | Afternoons only  |
| Night  | Mornings only  |
| Different shifts  | I don’t mind  |

Please circle if you would like to work…

|  |  |  |
| --- | --- | --- |
| With people  | On your own  | I don’t mind  |

**Travel**

How do you travel around? Please circle the most accurate statements

|  |  |
| --- | --- |
| I can walk to work on my own | I can walk to work with support |
| I can use public transport by myself | I can use public transport with help |
| My family can give me a lift in a car | My family cannot give me a lift |

Do you have a bus pass yet? Yes/No

How close to a bus stop do you live? (Please circle)

|  |  |  |
| --- | --- | --- |
| An easy walk | A long walk  | Too far to walk  |

**Independent living skills**

|  |  |  |
| --- | --- | --- |
|  | Yes  | No  |
| Can you stay clean and tidy? |  |  |
| Can you wash regularly without help/prompts? |  |  |
| Can you remember to wear clean clothes? |  |  |
| Can you look at your own health e.g. take your own medication?  |  |  |
| Can you cook a meal by yourself? |  |  |
| Can you do housework by yourself? |  |  |
| Can you do your laundry by yourself? |  |  |
| Can you write a shopping list? |  |  |
| Can you shop for food? |  |  |
| Can you do the recycling? |  |  |
| Do you have a bank account? |  |  |
| Can you use a credit or debit card? |  |  |
| Can you pay money into the bank? |  |  |
| Can you use a cash machine? |  |  |
| Can you manage a budget? |  |  |
| Can you work out the right money to buy something in a shop? |  |  |
| Can you read a letter or leaflet? |  |  |
| Can you fill out forms? |  |  |
| Can you find new information on the internet? |  |  |
| Can you use email? |  |  |
| Can you use a mobile phone? |  |  |
| Can you send a text? |  |  |
| Can you get your voicemail messages? |  |  |
| Can you tell the time? |  |  |
| Can you understand the 12 hour clock? |  |  |
| Can you understand a digital clock? |  |  |
| Can you get to an appointment on time? |  |  |
| Can you work out how long it takes to get somewhere? |  |  |
| Can you read a bus timetable? |  |  |

**Special Equipment needed for work**

|  |
| --- |
| Please tell us about any special equipment you may need to access work including: special chairs, desks , equipment to access a computer, a special phone, sign language, job coach. |

**Places of work**

There are many different places you can work. Here are some examples. Tick any you would consider. You may add more options at the bottom.

|  |  |  |
| --- | --- | --- |
| Airport  | Restaurant | College  |
| Supermarket  | Fast food | Day centre |
| Café  | Hospital | Cinema |
| Pub | Hotel | Warehouse |
| Garden Centre | School | Car park |
| Hairdressers  | Leisure centre | Laboratory  |
| Office | Childcare |  |
| Building site  | Car showroom |  |
| Garage | Gardens |  |
| Petrol station | Bus station |  |
| Farm | Outdoor events  |  |
| Kennels/Cattery | Stables  |  |
| Shop | Theatre |  |
| Superstore | Factory  |  |

**Types of work:**

Please use the list on section 5a of the workbook about specific types of work that you can do to help refine your ideas

|  |
| --- |
| Job type 1 Tasks I would be interested in doing  |

|  |
| --- |
| Job type 2 Tasks I would be interested in doing  |

|  |
| --- |
| Job type 3 Tasks I would be interested in doing  |

Please add below any thoughts about any possible local employers relating to the job areas mentioned

|  |
| --- |
|  |

**Further education:**

You can study many different courses in Further Education. Here are some examples. Tick the ones that interest you.

|  |  |  |
| --- | --- | --- |
| IT | Catering and hospitality | Construction  |
| English | Early years child care | Motor vehicle |
| Maths  | Hair and beauty  | Plumbing and electrical |
| Animal care | Health and social care | Living independently |
| Art and design | Land-based studies | Project Search |
| Media  | Sport and sport science | Traineeships |
| Music and theatre  | Travel and tourism | Apprenticeships |
| Business  | Uniform and protective services | Foundation learning courses |

Research the areas you are interested or ask a teacher for help.

Who offers your chosen courses?

|  |
| --- |
|  |

What qualifications do you need for your chosen courses?

|  |
| --- |
|  |

**Vocational Profile Summary Sheet**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary**

|  |
| --- |
| My ideas around work are: |

|  |
| --- |
| My support needs to achieve employment are: |

|  |
| --- |
|  I give my consent to this profile being used to inform My Education Health and Care Plan Signed ………………………………………..Date \_ /\_ /\_ |

Bath and North East Somerset is grateful for the use of the original document that was produced by Employability in Surrey. This shortened version has been compiled by Fosse Way School