

## 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?



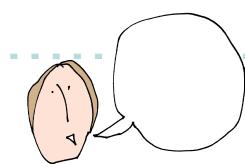
Who would you call in an emergency?

What form of ID do you use?

Do you have a national insurance number?

Do you have an appointee?

## 2: MORE ABOUT YOU.



What is your first language?

Do you use other languages?

Yes

No



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



Do you use signs?

Yes

No



Do you use an electronic communicator?

Yes

No



Do other people support you to communicate?

Yes

No



Do you read words?

Yes

No

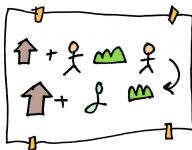
Do you read symbols?

Yes

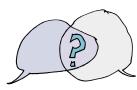
No

Yes

No



Do you use pictures?



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?

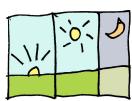
Outdoors

Indoors



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

What do you prefer?



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

## 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

Yes

No



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



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

Standing for a long time

Sitting for a long time

Walking

Kneeling

Lifting

Carrying

Using your hands

Balance



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

Allergies

Sight

Hearing

Smells

Taste

Touch

Being in crowded places

Identifying colours



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

Car

Taxi

Train

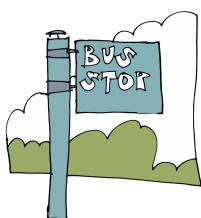
Cycle

Walk

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

Yes

No



## 7: HOW DO YOU USE MONEY?

Types of money

Cash

Card

Choose from the  
drop down list

Cashpoint

Phone or online banking

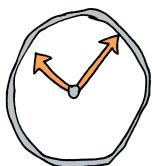
Do you have a  
bank account?

Yes

No



## 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

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

What jobs  
do people  
you know  
do?

At school or college have  
you visited a work place?

Yes

No

If so what did you  
enjoy and find out?

Have you done  
work experience?

Yes

No

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

Have you done a  
Supported  
Internship?

If so where was  
this?

Yes

No

Have you done  
any paid work?



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

## 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



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

## 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?



Anything else?