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| **Part One – Participant Details (to be completed by the Anchor Partner)** |
| Title: | Full name: | Date of Birth:  |
| Delivery Partner: | Participant ID: | Customer Ref No:  |
| **Part Two – Exit Survey (to be completed by the participant)**PARTNER LOGO[Cite your source here.] |
| Please tick the box that best describes your personal feelings towards each statement, based on how you are feeling today:  |
| **Statement** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time**  |
| I know how to search for a job | **1** | **2** | **3** | **4** | **5** |
| I can search for jobs without support  | **1** | **2** | **3** | **4** | **5** |
| I feel confident when searching for jobs  | **1** | **2** | **3** | **4** | **5** |
| I know how to adapt my CV to better support a specific job | **1** | **2** | **3** | **4** | **5** |
| I know how to present myself positively in a job application  | **1** | **2** | **3** | **4** | **5** |
| I am aware of local employment opportunities  | **1** | **2** | **3** | **4** | **5** |
| I am aware of local training opportunities  | **1** | **2** | **3** | **4** | **5** |
| I know how to find and apply for training opportunities | **1** | **2** | **3** | **4** | **5** |
| I can manage my own health and wellbeing | **1** | **2** | **3** | **4** | **5** |
| I can deal with problems in my day to day life | **1** | **2** | **3** | **4** | **5** |
| I can make up my own mind about things | **1** | **2** | **3** | **4** | **5** |
| I have been thinking clearly | **1** | **2** | **3** | **4** | **5** |
| I feel able to complete a work placement or work experience | **1** | **2** | **3** | **4** | **5** |
| I feel able to start a volunteering placement | **1** | **2** | **3** | **4** | **5** |
| Please briefly state what the impact of the West of England Works project has been for you: |
|  |
| **Part Three – Declaration and Signatures** |
| By signing below, I agree that all information provided on this form is accurate and correct, and that I am happy that the information provided on this form will be used as described when I enrolled onto the project. |
| Participant signature: | Date: |
| Delivery partner signature:  | Date: |

