|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |

