|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | West of England Works**Progress Review**  **Building Better Opportunities – 2016-2022** |  | | | |  | | |
| **Part One – Participant Details (to be completed by the Anchor Partner)** | | | | |
| Title: | Full name: | Date of Birth: | | |
| Participant ID: | | Customer Ref No: | | |
| Delivery Organisation/Partner: | | | | |
| Name of Reviewer: | | | | |
| Number of Weeks since the last review: | | Date of Review: | | |
| **Part Two – SMART Targets and Review (to be completed by the Anchor Partner)** | | | | |
| Have all SMART *(Specific, Measurable, Achievable, Realistic, Timely)* targets been achieved from the last review: | | | Yes | No |
| Please detail SMART targets to be achieved by the next review: | | | | |
|  | | | | |
| Please detail what progress has been made in moving the participant closer to the workplace since the last review (include activities completed, work experience, specialist provision and any other relevant information). If any SMART targets have not been achieved or only partially achieved explain why and state what actions will be implemented to ensure that they are achieved by the next Progress Review. | | | | |
|  | | | | |
| Please give details of any activities which this participant has been involved with which could be used as a case study: | | | | |
|  | | | | |
| List any new barriers identified since the last review. Number these consecutively following from the last identified barrier. | | | | |
| Barrier \_\_\_:  This affects the participant’s ability to find employment by…  Barrier \_\_\_:  This affects the participant’s ability to find employment by…  Barrier \_\_\_:  This affects the participant’s ability to find employment by… | | | | |
| Add any new actions planned to address these new or existing barriers to the participant’s action plan: | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Planned Action** | **Planned Completion Date** | **Expected Outcome** | **Which barrier(s) or progression does this action address?** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |

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| **Part Three – Progress Survey (to be completed by the participant)** | | | | | |
| 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** |
| **Part Four – Additional Comments (to be completed by the participant)** | | | | | |
| In your own words please tell us how West of England Works has helped you since your last progress review. Please let us know if there is anything that you would like to change about the project or about the support that you are receiving: | | | | | |
|  | | | | | |
| **Part Five – 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: | |
|  | | | | | |