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| West of England Works**Initial Assessment and Survey****Building Better Opportunities – 2016-2022** |  |
| **Part One – Participant Details (to be completed by Anchor Partner prior by to Initial Assessment meeting)** |
| Title:  | Full name:  | Date of Birth:  |
| Participant ID: *(NI Number)*  | Customer Ref No:  |
| Delivery Organisation/Partner: | Date of Initial Assessment:  |
| In the space below please give details of any barriers to participation in, or access **to the project** the participant may have which are related to any protected characteristic as identified in the Equality Act (2010) and tell us about any adjustments that you have put in place to support their participation. If none, please enter N/A. |
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| **Part Two – Previous Experience (to be completed by the Anchor Partner in discussion with the participant)** |
| Use this space to record details of any recent jobs, work experience or volunteering activities the participant has been involved in. For any volunteering placements please say whether they have been long term or short term and if they were supported or sourced independently by the participant:  |
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| Use this space to record any qualifications or certificates that the participant has previously achieved:  |
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| Please detail what the participant believes their best skills and qualities are:  |
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| **Part Three –Expectations and Goals (to be completed by the participant)** |
| Please give us an idea of what you hope to gain by joining West of England Works and what you would like to have achieved by the time you move on from this programme *(these can include improved job prospects including starting a job, educational targets, improved confidence etc. – please include both short term and long term goals)* |
|  |
| Are you intending to look for work during your time on the project? Yes [ ]  No [ ] Are you able to accept paid employment should a suitable offer be made? Yes [ ]  No [ ] Are you considering starting a training course following your time on the West of England Works project? Yes [ ]  No [ ]  |
| **Part Four – Barriers and Action Plan (to be completed by the Anchor Partner in discussion with the participant)** |
| Please discuss any potential barriers to achieving the participant’s expectations and goals from this programme and list them below *(if there are more than three barriers please continue on a separate sheet)* |
| Barrier 1: This affects the participant’s ability to find employment by…Barrier 2:This affects the participant’s ability to find employment by…Barrier 3:This affects the participant’s ability to find employment by… |
| Describe below how this programme will be used to achieve the participant’s expectations and goals, and overcome the barriers as described above:  |
| Summary of discussion: |
| Short-term action plan:

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| **Planned Action** | **Planned Completion Date** | **Expected Outcome** | **Which barrier(s) or progression does this action address?** |
| Start structured job search |  |  | Job Search |
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| Long-term action plan:

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| **Planned Action** | **Planned Completion Date** | **Expected Outcome** | **Which barrier(s) or progression does this action address?** |
| Start work experience or a work taster |  |  | Job Search, Employment |
| Complete CV and two job applications |  |  | Job Search |
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| **Part Five – Interview and Survey (to be completed by the participant)** |
| Below are some statements, please tick the box that best describes your personal feelings towards each statement, based on how you are feeling today *(please tick one per statement)* |
| **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 Six – Declaration and Signatures** |
| Please read the statements below and confirm by signing that you agree and are happy with the following declarations: |
| * I know that the support I will be offered is funded by the European Social Fund and the National Lottery Community Fund
* The information provided in the form is, to the best of my knowledge, accurate
* I give permission for my personal details to be shared and stored in a secure manner with the National Lottery Community Fund and other authorised bodies
* I understand this information will be retained until at least 31st March 2034 for evaluation purposes. After that time, it will be destroyed in a secure manner
* I may be contacted at any time to discuss my involvement in the project
* I give permission for my details to be shared with other partners involved in the delivery of this project
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| Participant signature: | Date: |
| Delivery partner signature:  | Date: |