*This information completed on this form will form part of your personal record. Everyone working within the IPS Service has a legal duty to maintain the highest level of confidentiality about all patient information. All of your information will be handled in accordance with GDPR Regulations.*

*We will not disclose your information without your permission unless the health and safety of yourself or others is at risk or if we are required by law.*

**Date Started:**

**Agreement to receive Individual Placement Support (IPS) from an Employment Specialist**

While receiving support from an IPS Employment Specialist I understand that appointments with my Employment Specialist will be scheduled initially on a weekly basis and may last approximately 1 hour however this can be adjusted according to my needs. I agree to let my Employment Specialist know as soon as possible if I am unable to attend a scheduled appointment.

**Communicating with my Employment Specialist**

I understand that I can contact my Employment Specialist by telephone, text or email between the services working hours. I understand my Employment Specialist **will not** respond outside of these hours and I understand that I may not get an immediate response from my Employment Specialist when attempting to communicate.

I understand that in an emergency situation, I can contact one of the following providers:

**Samaritans.** To talk about anything that is upsetting you, you can contact Samaritans 24 hours a day, 365 days a year. You can call 116 123 (free from any phone) or, email [jo@samaritans.org](mailto:jo@samaritans.org)

**Debt Worries**. 0808 808 4000 from Monday to Friday, 9am to 8pm

**Citizens Advice.** [0800 144 8848](tel:08001448848)

**Local GP**

**111** (Non-Emergency) **or 999** (in the event of an emergency)

**Communicating with me**

I have been made aware of the benefits and risks of using text, mobile phone, and email to communicate with my Employment Specialist and authorise the IPS employment team to:

Use my email address  Mobile phone  Text

To contact me with regard to supporting my vocational plans.

My Employment Specialist will let me know as soon as possible if they need to rearrange an appointment with me.

I agree my Employment Specialist can contact me for monitoring purposes at 3 and 6 months after I have gained employment even if I have been discharged from my Mental Health team.

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Yes

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No

Client’s signature: …………………………………………….

Date: ………………………………...

Client’s name (print): ………………………………………….

Employment Specialist: ….………...….………...

**Date Started:**

**Date Completed:**

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| **General Information** –  Please note that information on this form should also have an input from the client’s family and Mental Health Team. The form should also be updated with each new job start/end information along with any significant changes in the client’s life/preferences. | | |
| Full Name |  | |
| Pronouns *(He/She/They)* |  | |
| Telephone number |  | |
| Email address |  | |
| Emergency Contact Name and Relationship (Please ask if this person can be contacted for assertive outreach) |  | |
| Emergency Contact Number |  | |
| Length of time unemployed at referral  (In Months) |  | |
| Have you ever served in the Armed Forces?  If yes, please ensure to liaise with Military Charities to find out what support can be provided with respect to Employment Costs (training, uniform, licenses) |  | |
| National Insurance Number | **\_ \_ \_ \_ \_ \_ \_ \_ \_** | |
| Proof of right to work  (Evidence required when returning to work) | Passport  Utility Bill  Bank Account  Visa  Other (please specify) | |
| Driver’s license or access to car/public transport? |  | |
| What is a typical day like for you at the moment?  (Structure, Waking Hours, Getting Out of the House, Seeing People, Appointments, Commitments)  What motivates you to want to work?  Do you have any hobbies, passions, and interests?  *(including anything you have given up since feeling unwell)*  Do you have a network of friends/family who are supportive of your decision to work?  What would motivate you to stay long-term with a company?  What type of environment do you like working in? *E.g. (At a desk all day, outside, in a warehouse, on your feet, on the road)* | | |
| **Vocational Interest Section:**  This will inform our Employer Engagement Plan | | |
| What is your PAID employment goal/Career goal?  Long Term Employment Goal –  Short Term Employment Goal –  Job Title –  Type of Contract –  Location –  Hours –  Salary –  Why do you feel this job would be best suited for you?  Have you ever looked into what the requirements are to work in this area *(Qualifications, experience or training)?*  If educational courses or training is required, would you like support with finding this?  Do you know of anybody working in a similar role/environment that you could speak to about the role in more detail?    Would this salary enable you to pay all of your bills and be financially stable?  *(Better Off Calculations required -* [*https://www.betteroffcalculator.co.uk/calculator/new/step1*](https://www.betteroffcalculator.co.uk/calculator/new/step1)*)*  What would help you stay in the role long-term? | | |
| Are you looking for full time or part time work?  If part time, why is this the case?  Are there any other areas of employment you would consider - What are these?  Are there any roles you would not consider doing and why? | | |
| Considerations in relation to work:  (Information gathered here can start to feed into your In Work Support Plan)  **What do I need to know about you?**  **What do I need to do differently for you?**   * Cultural Considerations (*Religion, Sexuality, Race, Age, Gender, Language, Any other Personal Needs)* * Childcare *(If you worked, where or who would look after the children)?* * Hours *(Do the hours fit around your personal life)?* * Travel to work *(Distance range – drivers’ licence or car needed? Support with learning public transport)?* * Salary *(Does the salary meet your requirements)?* * Work environment *(Are you happy with the layout/setup)?* * Progression Opportunities *(Is there the opportunity to train in other areas)?* * Contract Type *(Seasonal, Fixed-Term, Contract, Permanent – have you considered what works best for you)?* * Type of industry *(Warehouse, Office, outside)* * Type of environment – *(busy/quiet)*   The People *(Types of people you work well with or most relate to)*   * Colleagues / Teamwork - *(Supportive, Amount (size of the team, buddy)* | |  |
| Are there any days and times that you can’t work and why?  Are there any days you *don’t* want to work and why?  Do you have any commitments over the next 6 months that would impact upon your ability to work ie) Holidays, Medical Requirements? | | |
| **Potential Reasonable Adjustments Required**  (Accessibility considerations for mental health or physical needs)  [ACAS - Reasonable Adjustments](https://www.acas.org.uk/reasonable-adjustments/asking-for-reasonable-adjustments#:~:text=An%20employee%20who%20needs%20a%20reasonable%20adjustment%20should,adjustments%20for%20any%20part%20of%20the%20recruitment%20process.)  **Interview Stage**  **In-Work Stage** | | |
| Who is in your support network (Who might be able to assist you with your vocational goal?  *Consider completing a mind map or family tree.*  Name:  Relation:  Name:  Relation: | | |
| Are you currently claiming benefits which you feel would be affected by you gaining employment?  *Please liaise with Citizens Advice for support*  [*https://www.betteroffcalculator.co.uk/calculator/new/step1*](https://www.betteroffcalculator.co.uk/calculator/new/step1)  Contact Details of Work Coach /DEA    Name:  Contact Details:  Are you happy for me to liaise with your Work Coach?  Yes (Journal/Email/Phone/In Person)  No  Do you need support in finding out how working would affect your benefits?  *If yes, please complete a Better Off Calculations Assessment and liaise with the local JCP or CAB*  Yes  No  Are you currently in any debt?  *Signpost clients to relevant local services for support e.g.) Citizens Advice/Other Agencies*  Yes  No  Rather Not Answer  When was your last Better Off Calculations Assessment?  [*https://www.betteroffcalculator.co.uk/calculator/new/step1*](https://www.betteroffcalculator.co.uk/calculator/new/step1)  It was \_\_ \_\_ / \_\_ \_\_/ \_\_ \_\_  Never completed one  Don’t know | | |
| **Last 3 Jobs and your Experience**  What was the title of that job and the skills required for it?  Job 1:  Job 2:  Job 3:  What did you enjoy about the role?  Job 1:  Job 2:  Job 3:  What did you find difficult or not like?  Job 1:  Job 2:  Job 3:  Reasons for leaving?  Job 1:  Job 2:  Job 3:  Relationships with manager, colleagues, and customers?  Job 1:  Job 2:  Job 3:  Reasonable Adjustments Made/Not Made?  Job 1:  Job 2:  Job 3: | | |
| Work environment/People  Job 1:  Job 2:  Job 3:  Hours/Days  Job 1:  Job 2:  Job 3:  Training/support provided  Job 1:  Job 2:  Job 3:  **Our Support**  Do you have any barriers to obtaining employment?  Can we support you to remove any barriers?  How have you successfully gained work in the past?  Do you have friends or family members who could help you to find employment within their own organisations or networks?  What skills have you gained in previous education, employment, or voluntary work, other roles  *E.g., carer, hobbies/interests which could be transferrable into a new position? (e.g.: problem solving, IT, organising, working to deadlines, management, and leadership, negotiating, making decisions, research skills)*  Transferrable Skills - Consider using a template similar to: <https://www.stepstowork.co.uk/transferable-skills-checklist/>  What would you say your biggest skill is (certain topic, industry, qualification)? | | |

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| **Personal Skills Assessment**  On a scale of 1-5 how do you rate the following as strengths (or non-issues) in your quest for employment? 1= I would like support with this 5= I am good with this |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | 1 | 2 | 3 | 4 | 5 | Notes *(use Employment Discussion to expand if required)* | | Asking for Support |  |  |  |  |  |  | | Motivation |  |  |  |  |  |  | | Expressing Cultural Need |  |  |  |  |  |  | | Confidence - within |  |  |  |  |  |  | | Confidence – in groups |  |  |  |  |  |  | | Assertiveness |  |  |  |  |  |  | | Asking for help |  |  |  |  |  |  | | Time Management |  |  |  |  |  |  | | Handling difficult circumstances |  |  |  |  |  |  | | Understanding Instructions |  |  |  |  |  |  | | Managing Expectations |  |  |  |  |  |  | |

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| Cognitive skills |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Memory | | | | |  |  |  |  |  |  | | | Concentration | | | | |  |  |  |  |  |  | | | Problem Solving | | | | |  |  |  |  |  |  | | | Speaking/Listening | | | | |  |  |  |  |  |  | | | Language Processing | | | | |  |  |  |  |  |  | | | Interaction/Communication | | | | |  |  |  |  |  |  | | | Inhibitions / Impulse  Control | | | | |  |  |  |  |  |  | | |  |  |  |  |  | | | | | | | |

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| Practical and Job Seeking Skills |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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|  | | | Numeracy | | | | |  | |  |  |  |  |  | | | Everyday IT Skills | | | | |  | |  |  |  |  |  | | | Report Writing | | | | |  | |  |  |  |  |  | | | Completing applications | | | | |  | |  |  |  |  |  | | | Explaining gaps job history | | | | |  | |  |  |  |  |  | | | Disclosure of a disability | | | | |  | |  |  |  |  |  | | | Disclosure of a criminal  conviction | | | | |  | |  |  |  |  |  | | | Practice Interviews | | | | |  | |  |  |  |  |  | | | Dress/Appearance | | | | |  | |  |  |  |  |  | | | Transport/DVLA fit | | | | |  | |  |  |  |  |  | | | Obtaining ID documents | | | | |  | |  |  |  |  |  | | | Lunch | | | | |  | |  |  |  |  |  | | | Medication effects | | | | |  | |  |  |  |  |  | | | Work experience | | | | |  | |  |  |  |  |  | | | Qualifications for the job | | | | |  | |  |  |  |  |  | | | Impact on Benefits | | | | |  | |  |  |  |  |  | | | Employment References | | | | |  | |  |  |  |  |  | | | Timekeeping/Attendance | | | | |  | |  |  |  |  |  | | | Adapting to work culture | | | | |  | |  |  |  |  |  | | |  |  |  |  |  | |  | | | | | | |  |  |  |  |  | |  | | | | | | |  |  |  |  |  | |  | | | | | | |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  | | |

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| Outside/limited control |
| Employment Discussion: *Please refer to the client’s referral form, CV or start a CV in order to capture this information, including any aspirational detail not covered elsewhere or include any additional notes from Pre-employ*   |  | | --- | | Others Negative opinions  Age  Family |   Childcare  DBS certificate |

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| *Employment Discussion:* *Please refer to the client’s referral form, CV or start a CV in order to capture this information, including any aspirational detail not covered elsewhere or include any additional notes from Pre-employment Preparation.* |

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| **Mental Health** | |
| What is your understanding of your mental health condition and how it might affect you? *(Concentration, anxiety, social skills, distracted by voices)*  Are you receiving any therapy or taking any medication to help control your condition?  Do you have to take any medication that might impact upon your ability to work *(e.g., Drowsiness or fatigue)?*  Do you have a good relationship with your clinical consultant?  What would help you to address the above when you secure work? | |
| How do you currently manage your mental health? | Eating Well  Sleeping Well  Exercise  Good Support Network  Other *(please specify)* |
| What might make your health worse? | Time of year linked with an event  Financial Worries  Issues with medication  Pain  Lack of the sleep  Not eating properly  Not exercising  Not being able to talk to somebody  Other *(please specify)* |
| What could you do to limit the chances of the above happening? | Therapy  Speaking with Citizens Advice  Speaking with my GP/Clinician  Other |
| How might people notice if you were to become unwell in future? |  |
| Have you ever discussed your condition with any employers in the past and what was your experience of this? |  |
| What are your fears when discussing your mental health condition with an employer? |  |

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| **Physical Health** | |
| How would you rate your physical health at present? | 1 – Terrible  2 – Could be better  3 – Generally ok  4 – Really good  5- Tip top |
| Do you have any of the following that may impact upon your cognitive ability?  DCD / Dyspraxia  Dyscalculia  Dyslexia  ADHD  Tourette Syndrome  Acquired Neurodiversity  Autism  If so, consider showing the below link to clients.  <https://www.geniuswithin.co.uk/what-is-neurodiversity/> | |
| Do have any difficulties which would affect you within the workplace? *(Standing, walking, sitting, lifting, concentration, or using Display Screen Equipment (DSE)* |  |
| Do you have any conditions that an employer should be made aware of in order to keep you safe? (heart condition, seizures, fainting) |  |
| Do you have any cognitive or sensory impairment, or any learning difficulties? |  |
| Current treatment *(medication, therapies)* |  |
| Do you have/want any support around drugs or alcohol and any potential impact of these on a future job? *e.g., signposting to local Drug and Alcohol Support* | Yes  No  Prefer Not to Answer |
| If you do receive support around drugs and alcohol…  Contact Name:  Contact Email: | Happy to liaise with  Do not want ES to liaise with |
| Is confirmation required from your GP that you are fit to work? | Yes  No |

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| **Criminal Convictions** – For additional Forensic Guidance, please refer to <https://future.nhs.uk/IPSWorkspace/view?objectId=27367664> |
| Do you have Criminal Convictions?  Yes  No  If yes, please provide details.  Convicted for:  Spent/unspent:  Conviction date:  Sentence type and length:  Any restrictions/probation: |

Please refer to [**managing personal information**](https://future.nhs.uk/gf2.ti/f/1000098/81766373.1/PDF/-/Managing_Personal_Information_1_.pdf) for pros and cons of sharing personal information with employers and example statements

**Personal Information Plan**

I give my consent for my Employment Specialist to share my personal information with prospective employers, Training providers and JCP in my job seeking journey:

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| --- |
|  |

Yes

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|  |

No

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| Sharing your Personal Information with an Employer | |
| If you decide to discuss your health or other personal information with an employer in an application, during an interview, after the job offer, please outline what you will say.  When would you want to discuss?  Who would you discuss with? | **Pros to discussing:**  **Cons to discussing:** |
| What would you like us to say to an employer regarding your mental health condition? The agreed statement will be used by your Employment Specialist when they talk to employers  Please consider if you would also like to include information about any of the following personal information:   * Addictions * Physical health * Disability * Criminal Convictions |  |

If no to the above, please state reasons …………………………………………………………………………………………………

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Client Name (Print)........................................................................................................

Signed (Client) ……………………………………………….

Date: ………………………

(Signature can be electronic)

Amendments for Vocational Profile

*Please remember to date any additional amendments required on this form*