



## Participant Strengths Review

Participant Name	JSID
Benchmark Hours	Special Requirements (interpreter / access etc.)
Education Eligible (PCP/DSP/ESL)	EPlus Consultant

<b>Are you currently studying?</b>	<b>Are you currently working?</b>

<b>When did you last apply for work?</b>	
<b>Did you apply online or in person?</b>	
<b>When was your last job interview?</b>	
<b>Do you have a current driver's license?</b>	<b>Do you currently have a reliable vehicle?</b>
<b>Do you have access to public transport?</b>	

### Please list your qualifications, tickets, cards, licenses:


### Short Term Goals. (What are some things you would like to achieve in the short term)?


### Long Term Goals. (What are the goals you wish to ultimately achieve)?


### What would you say is your most impressive asset, skill, ability, hobby, attribute? What do you enjoy doing?


### What is your expectation of Employment Plus as your provider?


### Notes


Employment Strengths and Barriers			
Strength		Barrier	
Vocational Direction	<input type="checkbox"/>	No/limited transferable skills	<input type="checkbox"/>
Transferable Skills	<input type="checkbox"/>	No/lack of appropriate vocational direction	<input type="checkbox"/>
Current Vocational Qualifications	<input type="checkbox"/>	Lack of independence in job seeking or job maintenance	<input type="checkbox"/>
Work History /Experience	<input type="checkbox"/>	Literacy and numeracy difficulties	<input type="checkbox"/>
Motivation to Work	<input type="checkbox"/>	Level of education	<input type="checkbox"/>
Job Seeking skills	<input type="checkbox"/>	Lack of physical condition, health	<input type="checkbox"/>
Computer Literacy	<input type="checkbox"/>	Temporary medical condition	<input type="checkbox"/>
Support Network - Family/Friends	<input type="checkbox"/>	Presentation of condition	<input type="checkbox"/>
Language Skills (Bi lingual)	<input type="checkbox"/>	Awaiting primary or secondary health intervention	<input type="checkbox"/>
Community Involvement	<input type="checkbox"/>	ADL/physical support needs	<input type="checkbox"/>
Stability of condition	<input type="checkbox"/>	Inadequate information available on impact of disability	<input type="checkbox"/>
Understanding of Capabilities and Restrictions	<input type="checkbox"/>	Relationship/network	<input type="checkbox"/>
		Cultural/Generational	<input type="checkbox"/>
Management of Condition	<input type="checkbox"/>	Language/communication	<input type="checkbox"/>
Medical/AHP Support	<input type="checkbox"/>	No/reduced motivation to participate in goal directed activities	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	Depression, reduced confidence, self-esteem, anxiety	<input type="checkbox"/>
Attitude/Motivation	<input type="checkbox"/>	Anger, conflict, behavioural difficulties	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	Pain related issues	<input type="checkbox"/>
Communication	<input type="checkbox"/>	Memory, concentration, insight	<input type="checkbox"/>
Goal Setting	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Geographical Location	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>
Access to transport	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Access to Communication technologies	<input type="checkbox"/>	Carer Responsibilities	<input type="checkbox"/>
Other...	<input type="checkbox"/>	Availability of support worker	<input type="checkbox"/>
		Other	<input type="checkbox"/>

### Participant reported physical functional tolerances:

Activity	Able	Limitations	Activity	Able	Limitations
Sitting	<input type="checkbox"/>		Lifting	<input type="checkbox"/>	
Standing	<input type="checkbox"/>		1 handed carrying	<input type="checkbox"/>	
Walking	<input type="checkbox"/>		2 handed carrying	<input type="checkbox"/>	
Stair Climbing	<input type="checkbox"/>		Pushing	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>		Pulling	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>		Work – arms overhead	<input type="checkbox"/>	
Work - bent over	<input type="checkbox"/>		Work - arms horizontal	<input type="checkbox"/>	
Fine motor co-ordination	<input type="checkbox"/>		Grip	<input type="checkbox"/>	

### Participant reported cognitive/psychological functional abilities:

Activity	Able	Limitations	Activity	Able	Limitations
Concentration	<input type="checkbox"/>		Following instruction	<input type="checkbox"/>	
Retain information	<input type="checkbox"/>		Multiple instructions	<input type="checkbox"/>	
Problem solving	<input type="checkbox"/>		Working with people	<input type="checkbox"/>	
Decision making	<input type="checkbox"/>		Working alone	<input type="checkbox"/>	
Dealing with stress	<input type="checkbox"/>		Dealing with conflict	<input type="checkbox"/>	