PS Plus Employment Assessment	
Beneficiary No:	Dossier Number:
First Name:	Surname:
Prison Number*:	*if applicable
Establishment	
1. Employment	
Do you want help with finding a job after release?	Yes No Don't Know
If yes, please give brief details	
Were you in work immediately before prison?	Yes No Don't Know
If yes, please give brief details	
Time spent unemployed (including time in < 6 mo. 6-11 mo. 12-23 m	
Is your job available to you on your release?	Yes No Don't Know
Do you want help in keeping your job?	Yes Don't Know
Has contact been made with your employer?	Yes Don't Know
Current/Last Employer	
Named Contact	
Position (e.g. Manager)	
Address	
Contact Telephone Number	
Normal Hours of Work	

Number of Employees					
What other type of work experience	have yo	ou had and what skills	did you dev	elop?	
			•		
What kind of work are you prepared	to take	?			
Full time		Part time			
Shift work		Week end work			
Self Employment					
How far are you prepared to travel?	?	X			
Have you any computer skills?			Yes	No	
Would you like careers advice?		Yes	No		
Have you got a current CV?		Yes	No		
If not, do you need one?		Yes	No		
Do you have a current driving licen		Yes	No		
Have you any points on your licence? Yes No				No	
		If Yes, how many			
Do/can you have access to transport?			Yes	No	
2. Education					
Did you complete your formal school education? Yes No					
Do you have any qualifications? Yes No Don't Know					
Subjects Qualification Typ	be	NVQ Equivalence	Date Passe	ed	

Basic skills asses	ssment completed?	Yes	No	Don't Know
What was the res	sult?		Norr	mal Functioning
				Some Problems
			Signi	ficant Problems
If so, where was	this done?			
Do you have pro	blems with:		1 -	
Reading		Yes	No	Don't Know
Writing		Yes	No	Don't Know
Using Numbers Yes No Don't Know				Don't Know
Has anyone ever suggested you might have dyslexia? Yes No				
Are/Were you w type of qualificat	orking towards any tion?	Yes	No	Don't Know
If yes, do you want help in maintaining this? Yes No				
Name of college/university or training provider				
Contact Na	me (if applicable)			
	Address			
T	elephone Number			
Qualification/Course Studied Do you want help gaining any qualifications? Yes No N/A				

If yes please give brief details	