



# SECTOR MAILING SERVICES

*Units 11 & 12 East Street Centre, Southampton*

*Tel: 023 8023 2544 Fax: 023 237 914*

*E-mail: [info@sectormailing.org.uk](mailto:info@sectormailing.org.uk)*

## **Contact Information:**

Surname		Forenames	
Address			
Post Code		Phone No	

## **Support Network:**

Contact	Name	Relationship	Phone No
Emergency			
Next of Kin			
Key Worker			
G.P.		Doctor	

## **Special circumstances or needs:**

Describe briefly any illness or disability:

Describe any special needs, restrictions or symptoms that we should be aware of:

Describe any relevant information that Third Sector Services staff should be aware of (eg: history of any violent behaviour, self harm or any other factor that might increase the risk to yourself or others if becoming unwell):

## **Personal:**

Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**Ethnicity:**

- Asian/Asian British
- African/African/British
- Caribbean/Caribbean British
- White British
- White Other
- \_\_\_\_\_

Are you currently in work?

Yes

No

If not, have you ever worked?

Yes

No

If yes, when did you last work?

\_\_\_\_\_

**Previous Training:**

Qualifications:	Computer Skills:
<input type="checkbox"/> No qualifications	<input type="checkbox"/> Never used a PC before
<input type="checkbox"/> GCSE D-G (or NVQ 1)	<input type="checkbox"/> Can use a PC with guidance
<input type="checkbox"/> GCSE A-C (or NVQ 2)	<input type="checkbox"/> Can use PC for basic tasks
<input type="checkbox"/> 'A' Level (or NVQ 3)	<input type="checkbox"/> An experienced PC user
<input type="checkbox"/> Degree (or NVQ 4)	<input type="checkbox"/> I have no access to a PC
<input type="checkbox"/> Post Grad Degree (or NVQ 5)	<input type="checkbox"/> I have a PC at home
<input type="checkbox"/> Other?	<input type="checkbox"/> I have access to PC elsewhere

**Availability:**

Session	Mon	Tue	Wed	Thu	Fri
morning					
afternoon					

Please indicate with a '✓' sessions you could definitely attend and with a 'X' sessions you definitely could not. Leave any 'maybe' times blank.

**Experience/Interests:**

Please tell us about any interests you have or any previous work or training experiences that you think might be relevant:

\_\_\_\_\_

**Personal Objectives:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
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I want to obtain a recognised qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to improve my basic numeracy and literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to find out what I am good at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to experience of a real work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to improve my confidence and self-belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to learn how to use machines in a production workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want something interesting to do in my week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to learn how to use computers (or improve my skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to improve my job prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to meet people and have more social contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to build up my strength and stamina ready for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to prove I am worthy of reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to find out more about what a job really is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to find out what is really holding me back from working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to keep my support worker happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to broaden my experience and learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to get used to being at work and having a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to feel appreciated and valued and part of something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to get some basic knowledge so that I can go on to further training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to develop some new interests and hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Opportunities:**

Which of the various programmes at Third Sector Services interests

you?	
<input type="checkbox"/> Essential Skills Courses	<input type="checkbox"/> Work Experience Programme
<input type="checkbox"/> 'Learn Direct' Numeracy	<input type="checkbox"/> 'VALPAR' skills assessment
<input type="checkbox"/> 'Learn Direct' Literacy	<input type="checkbox"/> NVQ Business Administration
<input type="checkbox"/> 'Learn Direct' Computers	<input type="checkbox"/> NVQ Customer Service
<input type="checkbox"/> Business, Work & Me	<input type="checkbox"/> NVQ Information Technology
<input type="checkbox"/> Production, Machines & Me	<input type="checkbox"/> NVQ Warehousing & Stores

***Aspirations:***

Which of these best describes what you would like to do in future?		
1	I would like a full time job	<input type="checkbox"/>
2	I would like a part time job	<input type="checkbox"/>
3	I would like to do voluntary work	<input type="checkbox"/>
4	I would like to go on to further training	<input type="checkbox"/>
5	I would like to join the Third Sector Services work placement team	<input type="checkbox"/>
6	I would like there to be no change in my life	<input type="checkbox"/>
7	I do not know what I want to do at this stage	<input type="checkbox"/>
8	Other:	<input type="checkbox"/>

***Basic Skills:***

How would you rate your current skills in the following areas?				
	Very Good	Good	Poor	Very Poor
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Self-Worth:**

How you feel about yourself is very important to us. The following statements will help you establish how your self confidence is at present. It may help us to help you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel I am a person of worth, at least on an equal plane with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a positive attitude towards my self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the whole I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Benefits:**

Most courses at Third Sector Services are free to people on benefits. Please indicate below any benefits you receive (for Learn Direct courses proof of benefits will be needed):

<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Mobility Allowance
<input type="checkbox"/>	Income Support	<input type="checkbox"/>	Attendance Allowance
<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>	Housing & Council Tax
<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>	Other
If you are not on benefits but would find paying course fees difficult Third Sector Services may be able to fund the courses for you from a special trust fund. Do you wish to pursue this option?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Health:**

We need to be careful what we ask you to do and the following statements will help guide us:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I cannot do heavy manual work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot really lift any reasonable weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have pain which might affect what work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have sight problems which may effect work or the use of computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems if I sit for too long and I need to get up and move about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prone to headaches, especially if I concentrate for long periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems hearing especially in a noisy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems standing, bending, walking and general mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often troubled by voices that I hear during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medication makes me drowsy and effects my concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use special aids and appliances to help me cope with my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoke regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Access:**

How do you intend to get to Third Sector Services for your training?			
<input type="checkbox"/>	Walk	<input type="checkbox"/>	Own Car
<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Taxi/Voluntary Driver
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Other?

**Remarks:**

Please add any further information that you feel is relevant to your referral to SECTOR. This can include any special training you might like to pursue, or personal objectives and aspirations for your future:

**Referred By:**

Please note that we can only enrol trainees for whom a completed referral form has been submitted and for whom proof of benefits has

been supplied. Both these documents **must** be sent to us in advance of the trainee starting with us. Upon receipt of the complete documentation we will issue a formal Training Placement Offer letter stating starting dates, review dates, courses to be undertaken, etc.

Name			
Organisation			
Position			
Address			
Phone No			
Mobile No			
Signed		Date	

***Trainee Declaration:***

Third Sector Services is here to help bring the world of work closer to people for whom opportunities have been limited by special circumstances. It aims to help people who are **positively** seeking to develop skills and improve their employment prospects. The unique character of Third Sector Services is maintained because we only welcome people who really want to make a difference to their lives through a programme of self development and learning. Please sign below to confirm that you understand this ethos and are willing to fully participate in the programmes on offer and that you are prepared to accept responsibility for your own learning.

Signed		Date	
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