

# Employment history questionnaire

## PERSONAL DETAILS

Full Name

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Date of birth	Age
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Marital status
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Current Address

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Post code	Telephone No
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Please list any hobbies or interests you had pre-accident/incident?

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Please answer the following questions to the best of your ability, supporting with evidence where necessary. If the question had a Yes/No answer please delete where appropriate. Should the question require more detailed answer than there is space please supply on a separate piece of paper as it is important you provide us as much detail as possible to help us obtain a complete occupational profile. If you have a learning difficulty or sight problem please ask a relative or a friend to assist you in completing this questionnaire. Thank you for your co-operation.

### Education history

Which school did you last attend?

Name	Date of leaving

Please list any colleges, university or training establishments you have attended since leaving school, giving date's mode of attendance. (E.g. day release, part time, evening) and details of course followed.

Establishment	Dates	Mode of attendance	Course details

## Qualifications

Please list any qualifications obtained at school.

Subject	Qualification	Grade	Date obtained

Please list any qualifications obtained since you left school. I.e. Degree, B-Tec, NVQ2

Subject	Qualification	Grade	Date obtained

## Training

Please give details of any formal occupation training you have received since leaving full time education

Date	Training provided	Course taken	Outcome

## Employment history

Please provide full details of your work history.

Dates From: To:	Employer	Job title	Salary
Duties		Reason for leaving	
Dates From: To:	Employer	Job title	Salary
Duties		Reason for leaving	

Dates From: To:	Employer	Job title	Salary
Duties		Reason for leaving	

**Skills and abilities**

Please describe parts of your job you were good at before you suffered your injury/incident. Give examples of your experience that demonstrate the skills and abilities you used regularly in your work

What I was good at.	Skills and abilities used.

Please outline your major achievements in the last five years, both personal and at work

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**Employment prospects**

How do you think you would have progressed had you not suffered your injury/incident?

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How would you have achieved this progress?

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**Post injury/ incident employment**

Have you been able to undertake any paid work since you suffered your injury/incident, if so please give details as before:

Dates From: To:	Employer	Job title	Salary
Duties		How did you obtain this job?	

Are there any jobs your injury/condition prevents you from doing?

Job or type of job	Reasons for not doing

How far are you prepared to travel to work and how would you get there?

Distance	Mode of transport

### Transport

Are you able to drive?

**Yes or No**

If yes, what model of vehicle do you drive?

Has your vehicle been adapted specially for your use?

**Yes or No**

If yes, please give details.

### Re-training

Have you undertaken or applied for any re-training since the accident/incident?

Company/Provider	Nature of training	Result

Do you possess a clean driving licence?

**Yes or No**

If not, how many points have you acquired?

**Spare time activities**

What hobbies and interests do you now have?

Are you able to use a computer?

**Yes or No**

If yes, please describe.

The applications or programmes you use often.	Your level of ability.

**Other information**

Is there any other information you wish to add that will help with the assessment of your employment prospects?

*Thank you for your assistance*