Self-Assessment questionnaire

If you have a health condition, injury or disability we need to understand how this impacts on your ability to work.
We want you to tell us about your work background and your health. When you answer these questions we’ll be able to work out the best way to help you.
You can choose someone to help you answer the questions if you want.

To answer the questions you’ll need to:
• tick the box next to the statement that you think best describes your situation or
• write in the space provided.

Please bring this questionnaire with you when you next meet with us.

Tell us about yourself

If you’ve received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us your details

1. What is your full name?
First and middle names
Surname or family name

2. What date were you born?
Day Month Year
Tell us about your work

**HOW TO ANSWER Q3:**
This could include things like community work, organising church events, caring for children, using a computer, coaching sports teams. Describe the things you like to do, enjoy and the skills you’ve gained.

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**Think about things like sport, hobbies, volunteering and work experience you do or have done. What did you enjoy and what skills do you think you’ve gained?**

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**What sort of work would you like to do in the future?**

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**What sort of work do you think you’d be good at?**
What sort of jobs have you done in the past?

Tick the one that best describes the kind of work you have done.

- Work I’ve done has mostly involved heavy physical work
- Work I’ve done didn’t involve much heavy physical work
- Work I’ve done has been a mix of jobs, some physical and some not
- I haven’t had a job

Tell us what you expect

When do you expect to get a job or, if you’re working part-time, when do you expect to increase your hours?

Please tick one of the following

- Within the next 3 months
- Within the next 6 months
- Within the next 12 months
- In a couple of years
- I don’t think I’ll ever be able to work
- I don’t really know

When I get a job I may need workplace support with:

Please tell us how much support you’ll need for each one

- Reading
- Writing
- Hearing and/or talking with people
- Physical access and/or moving around at work
- Lifting and carrying
- Getting on with people at work
- Learning new jobs, remembering things or understanding what people want done
- Managing tiredness or fatigue
- Getting to and from the job
- Managing medication
**HOW TO ANSWER Q9:**
This could include anything you think may help you get a job.

What do you think would help you get a job?

**HOW TO ANSWER Q10:**
This could include anything you think may get in the way of getting a job.

What do you think would stop you from getting a job?

Is pain making it hard for you to do the sorts of things you want to do?

Please tick one of the following:

- [ ] No, not really
- [ ] Yes, it’s hard to do what I want
- [ ] Yes, it’s quite hard to do what I want
- [ ] Yes, the pain makes it extremely difficult to do what I want

**Declaration and signature**

I have answered all the questions that apply to me and my situation.
The information I have given you is true and complete.

Applicant’s name (print)  Applicant’s signature  Date

Please bring this questionnaire with you when you next meet with us