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:

How to fill in this questionnaire

- 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 2	What is your full name? First and middle names Surname or family name What date were you born? What date were you born? Day Month Year		
WORK AND INCOMI TE HIRANGA TANGATA	E HDS016	- MAY 2020 Page 1	

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. 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?

4

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

5

What sort of work do you think you'd be good at?

6	 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 7	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 Idon't think I'll ever be able to work Idon't think I'll ever be able to work Idon'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 Not at all Sometimes Most of the time Writing Not at all Sometimes Most of the time Hearing and/or talking with people Not at all Sometimes Most of the time Physical access and/or moving around at work Not at all Sometimes Most of the time Lifting and carrying Not at all Sometimes Most of the time Getting on with people at work Not at all Sometimes Most of the time Laring new jobs, remembering things or understanding what people Not at all Sometimes Most of the time Wanaging tiredness or fatigue Not at all Sometimes Most of the time </th

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