

Access to Livelihood PWD Record

For Official Use Only:		Tick here when PWD becomes 'Inactive' at LRC (No further action to be taken by LRC)		<input type="checkbox"/>
PWD ID*	L R C / _ _ _ _ _ (Generated by database)	Donor*	i.e. Accenture	

Registration – Summary

Welcome to the LRC Family!			<p>Paste your Picture Here (Passport Size)</p>
<p>To help us best assist you, please fill out ALL required (*) fields below Please put a cross in any box that applies, like this: <input checked="" type="checkbox"/></p>			
1.Name*	(FIRST)*	(LAST)*	
2.Date of Birth*	DD / MM / 19YY*	(AGE) if D.O.B unknown	
3.Gender* (Tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
4.Current Location Type* (Tick one)	<input type="checkbox"/> Urban <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Rural		
5.Highest Education Level Completed?* (Formal or Informal) (Tick one)	<input type="checkbox"/> X - No Schooling <input type="checkbox"/> 0 - Pre-Primary <input type="checkbox"/> 1 - Primary <input type="checkbox"/> 2 - Secondary (Lower) <input type="checkbox"/> 3 - Secondary (Upper) <input type="checkbox"/> 4 - Post-Secondary <input type="checkbox"/> 5 - Tertiary (Graduate Degree) <input type="checkbox"/> 6 - Tertiary (Advanced Research/Prof. Degree)		
6.Disability Type?* (Tick One)	<input type="checkbox"/> Locomotor <input type="checkbox"/> Visual <input type="checkbox"/> Hearing & Speech <input type="checkbox"/> Learning (Intellectual) <input type="checkbox"/> Multiple <input type="checkbox"/> Other _____		
7.Disability Degree* (Tick one)	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/Profound		

This information will help the LRC to communicate with you more effectively:			
8.Contact Number	(MOBILE)	(HOME)	(WORK)
9.Email	a b c @ 1 2 3 . c o m		
10.Contact Address (As complete as possible)	(HOUSE NUMBER)	(STREET)	(LOCALITY)
	(CITY)	(STATE)	(PIN / POST CODE)
11.How Can We Contact You? (Tick all that apply)	<input type="checkbox"/> By SMS <input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> By Post <input type="checkbox"/> House Visit		
12.Current Employment Status? (Tick one)	<input type="checkbox"/> Wage Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Not Employed (Student) <input type="checkbox"/> Not Employed (Other)		
13.Reason for Visiting the LRC? (Tick all that apply)	<input type="checkbox"/> Guidance / Counselling <input type="checkbox"/> Wage Employment Assistance <input type="checkbox"/> Training <input type="checkbox"/> Self Employment Assistance		
14.Referral From? (Tick one) <small>LRC = Livelihood Resource Centre. PWD = Person with Disabilities</small>	<input type="checkbox"/> Family/Friend/Community	<input type="checkbox"/> Contacted by LRC	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Advert/Poster	<input type="checkbox"/> Attended LRC Event	<input type="checkbox"/> Other PWD
	<input type="checkbox"/> Article/Newspaper	<input type="checkbox"/> JobAbility Website	<input type="checkbox"/> Facebook
	<input type="checkbox"/> Govt. Office/Department	<input type="checkbox"/> Community Leader	<input type="checkbox"/> NGO

Registration – Education (Before-LRC)

This information will help the LRC to assist you more effectively:			
15. Do you have any qualifications?		<input type="checkbox"/> Yes (Fill in section below) <input type="checkbox"/> No (Tick here and go to next section)	
What is the highest educational qualification you have or are studying towards?			
16. Qualification Type (i.e. BBA, MSc, Dip)	(BBA, MSc, Dip)	17. Qualification Stream (i.e. Biology)	
18. Specialisation (i.e. Human Biology)		19. Qualification Grade/Mark	(%, GPA, 1 st , 2 nd , Pass, Fail)
20. Institution Name	(Name)	21. Institution Location	(Location)
22. Duration (Tick one)	<input type="checkbox"/> 0-3 Months <input type="checkbox"/> 3-6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-3 Years <input type="checkbox"/> More than 3 Years		
23. Year of Completion	YYYY (This could be a future date)		
24. Other Relevant Qualification(s) (i.e. professional qualifications or training)	<hr/> <hr/> <hr/>		

Registration – Work Experience (Before-LRC)

This information will help the LRC to assist you more effectively:			
25. Have you worked before?		<input type="checkbox"/> Yes (Fill in section below) <input type="checkbox"/> No (Tick here and go to next section)	
Wage Employment			
26. Most Recent Job	(Name of Company)	(Locality of Company)	(City)
27. Job Title (Designation)	<hr/>		
28. Field of Experience	<hr/>		
29. Duration (Tick one)	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-3 years <input type="checkbox"/> More than 3 years		
30. Other Relevant Job	(Name of Company)	(Locality of Company)	(City)
31. Job Title (Designation)	<hr/>		
32. Field of Experience	<hr/>		
33. Duration (Tick one)	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-3 years <input type="checkbox"/> More than 3 years		
Self Employment			
34. Type of Business (Tick One)	<input type="checkbox"/> Production	<input type="checkbox"/> Provision of Service	<input type="checkbox"/> Trade
35. Description of Business	<hr/>		
36. Business Details	(Name of Business)	(Locality of Business)	(Nearest City)
37. Duration (Tick one)	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-3 years <input type="checkbox"/> More than 3 years		

Registration - Documents Received

38. Please tick all boxes where a photocopy of document has been received. Please staple document(s) to the back of this PWD Record. (Tick all that apply, one item minimum*):			
<input type="checkbox"/> Disability Certificate	<input type="checkbox"/> Bus/Transport Pass	<input type="checkbox"/> Pension / Welfare Certificate	<input type="checkbox"/> Govt. ID/ Passport
<input type="checkbox"/> Academic Certificate	<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Other Qualification Certificate	<input type="checkbox"/> Poverty Line Certificate
<input type="checkbox"/> CV / Resume	<input type="checkbox"/> Work Experience References	<input type="checkbox"/> Other	<hr/>

Registration – Consent Form

How your Personal Information will be used

Leonard Cheshire Disability and the Livelihoods Resource Centre will use the personal information you provide (or which is provided to us by third parties about you) in connection with the *Access to Livelihoods* programme, for the following purposes:

- Your participation in the *Access to Livelihoods* programme. This may involve sharing your personal information (including, where appropriate, information about your disability) with employers, educational establishments, medical practitioners and other appropriate third parties who may be able to offer you employment or medical support, help you develop skills, or assist more generally with the *Access to Livelihoods* programme.
- Monitoring the overall progress of the Access to Livelihoods Programme. Only anonymised, statistical information will be used for this purpose.

Case Studies

We would also like to use your experiences and your photograph to create a “case study”, to support the vital work that Leonard Cheshire Disability does with disabled people. Case studies might be used on websites, in printed material and on TV and radio, locally and nationally in the country in which you live, or in other countries. Copyright and other intellectual property rights in case studies belong to Leonard Cheshire Disability (or its licensors). We will do our best to ensure that you have the opportunity to read the case study, and (where possible) that you are kept informed about how it is being used. If you are at all uncomfortable about the use of your experiences and photograph in a case study, you can opt out by ticking this box, or by letting us know at any time:

I _____ (name) consent to Leonard Cheshire Disability and the Livelihoods Research Centre using my personal information for the purposes set out on this form. I also understand that I must stay in contact with the LRC for at least 6 months after placement in employment and attend internal or external training sessions during this period as and when required.

39. Your signature _____	40. Date: DD / MM / 20YY
---------------------------------	---------------------------------

When all required questions (*) in the above 3 pages are complete, the confidentiality statement has been reviewed and signed by the PWD <u>AND</u> the Registration Record has been created into the Database, you can mark “Registration Completed”			
Information Collected by*	(Name of LRC Staff Member)	Registration Completed*	DD / MM / 20YY

Assessment – Disability Information

All assessment sections should be completed by an LRC member of staff with input from the PWD:

These questions are optional , but useful to collect to allow the LRC to support you more effectively:			
Type of Impairment (see medical certificate)	Impact (or Condition)		
Locomotor (Tick all that apply)	<input type="checkbox"/> I CAN travel by public transport <input type="checkbox"/> I CAN climb stairs easily <input type="checkbox"/> I CAN walk long distances <input type="checkbox"/> Both Arms <input type="checkbox"/> One Side of the Body <input type="checkbox"/> Joint/Muscle Pain	<input type="checkbox"/> I CAN lift & carry heavy objects <input type="checkbox"/> I CAN hold large object <input type="checkbox"/> I CAN travel on uneven ground <input type="checkbox"/> Both Legs <input type="checkbox"/> One Limb <input type="checkbox"/> Joint Stiffness	<input type="checkbox"/> I CAN use a computer keyboard <input type="checkbox"/> I CAN write <input type="checkbox"/> I CAN stand for a long time <input type="checkbox"/> Both Arms and Legs <input type="checkbox"/> Three Limbs <input type="checkbox"/> Muscle Contracture
	<input type="checkbox"/> I CAN easily navigate new places <input type="checkbox"/> Completely Blind <input type="checkbox"/> Refractive Errors	<input type="checkbox"/> I CAN see colours <input type="checkbox"/> Blind in One Eye <input type="checkbox"/> Other _____	<input type="checkbox"/> I CAN read large print <input type="checkbox"/> Low Vision
	<input type="checkbox"/> I CAN lip-read <input type="checkbox"/> I CAN hear with hearing aid <input type="checkbox"/> Completely Deaf	<input type="checkbox"/> I CAN hear loud noises <input type="checkbox"/> I CAN say my name <input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Speech Impairment
	<input type="checkbox"/> I CAN interact with new people <input type="checkbox"/> Autism <input type="checkbox"/> Dyslexia	<input type="checkbox"/> I CAN maintain a routine <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Slow Learner	<input type="checkbox"/> ADHD <input type="checkbox"/> Other _____
Other (Please Specify)	<input type="checkbox"/> _____		
Condition of Impairment (Tick one)	<input type="checkbox"/> Deteriorating (getting worse) <input type="checkbox"/> Stable (same) <input type="checkbox"/> Improving (getting better)		
Do you require any of the following (Tick all that apply)	<input type="checkbox"/> Orientation Training <input type="checkbox"/> Mobility Training <input type="checkbox"/> Braille Training <input type="checkbox"/> Sign Language Training <input type="checkbox"/> Jaws Software Training		
When did your disability occur? (Tick one)	<input type="checkbox"/> Before Birth <input type="checkbox"/> At Birth <input type="checkbox"/> After Birth, Age: __ __		
What Aids and Appliances do you use?	_____		
Are you taking medication or undergoing continuing therapy? (Tick one)	<input type="checkbox"/> Yes, If so type: _____ <input type="checkbox"/> No		
Would you like assistance with any support services or entitlements? (Tick all that apply)	<input type="checkbox"/> Disability Allowance/Pension <input type="checkbox"/> Disability Certificate <input type="checkbox"/> Health Referral <input type="checkbox"/> Writer Assistance Service <input type="checkbox"/> Bus/Transport Pass <input type="checkbox"/> Aids and Appliances <input type="checkbox"/> Interpreter <input type="checkbox"/> Transportation <input type="checkbox"/> Medical Insurance		

Assessment – Logistics

These questions are useful to collect to allow the LRC to assist you more effectively:	
How long does it take you to get to the LRC? (Tick one)	<input type="checkbox"/> Less than 1 hour <input type="checkbox"/> 1 – 2 hours <input type="checkbox"/> More than 2 hours
How will you get to the training venue? (Tick one)	<input type="checkbox"/> Public Transport (independently) <input type="checkbox"/> Public Transport (with help) <input type="checkbox"/> Private Transport (independently) <input type="checkbox"/> Private Transport (with help) <input type="checkbox"/> No transport required
Approximate cost of journey?	_____
Where will you stay during training? (Tick one)	<input type="checkbox"/> Family Home <input type="checkbox"/> Relative's Home <input type="checkbox"/> Room Rented/Hostel Cost _____ <input type="checkbox"/> Other _____

Assessment – Family Background

At a minimum, please answer the first two questions (Note: The LRC will not discriminate based on your religion or any other factor):

Religion* (Tick one)	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam	<input type="checkbox"/> Christianity		
	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism		
	<input type="checkbox"/> Other _____	<input type="checkbox"/> No Religion	<input type="checkbox"/> Do not wish to answer		
Size of Family* Number of people who financially depend on you or where you depend on them	(Parents / Brothers / Sisters)	+	(Husband / Wife / Children)	=	Total Size of Family

These questions are **optional**, but useful to collect to allow the LRC to assist you more effectively:

Other Disabled Family Members? (Tick one)	<input type="checkbox"/> Yes	If so, number: _ _ description: _____	<input type="checkbox"/> No	
Marital Status (Tick one)	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Cohabitation	
	<input type="checkbox"/> Widow	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	
Family Address (if different from contact address)	(HOUSE NUMBER)	(STREET)	(LOCALITY)	
	(CITY)	(STATE)	(PIN / POST CODE)	
Is your Home Accessible? (Tick One)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, issue: _____	
Family Members	Name	Relation	Age	Occupation
	Main Bread-Winner			Student, builder, police officer etc.

Assessment – Financial

At a minimum, please answer the first three questions as accurately as possible:

Current Family Income/Expenditure Level*	Your Monthly Average Income	+	(Optional) Other Family Members Monthly Average Income	=	TOTAL
Current Ability to Save Money for the Future*	<input type="checkbox"/> No Money Saved	<input type="checkbox"/> Low (0-5% of income)	<input type="checkbox"/> Medium (6-15% of income)	<input type="checkbox"/> High (16+% of income)	
Poverty Line* (use your country guidelines)	<input type="checkbox"/> Below Poverty Line		<input type="checkbox"/> Above Poverty Line		

These questions are **optional**, and information could be collected during a house visit:

Do you require assistance to open a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Housing Type (Tick one)	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned (Title Deeds)	<input type="checkbox"/> Owned (No Title Deeds)	<input type="checkbox"/> Encroachment
Roofing (Tick one)	<input type="checkbox"/> Thatch	<input type="checkbox"/> Metal	<input type="checkbox"/> Concrete	<input type="checkbox"/> Tile
Flooring (Tick one)	<input type="checkbox"/> Mud	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Tile
Multi-storey house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Running Water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area of land owned	(Size)	Livestock	(Number)	Produce from Land (Corn, Rice etc.)
Does your family own/have	<input type="checkbox"/> Microwave Oven	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Moto (2-wheeler)
	<input type="checkbox"/> Computer/Laptop	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Colour Television	<input type="checkbox"/> Car (4-wheeler)
If running your own business, please specify current financials	(EXPENDITURE)	(INCOME)	(PROFIT)	

Assessment – Skills

To be completed by the LRC member of staff with the PWD.				
Ideally, you would test/evaluate these skills levels wherever possible, such as via a brief computer test:				
Local Language:				
Understand (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Speaking (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Writing (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Reading (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
English Language:				
Understand (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Speaking (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Writing (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Reading (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Numeracy (Maths) (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Computer Skills (Tick one)	<input type="checkbox"/> No Skill	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
If advanced, describe: _____				
Other Skill 1 (Tick one)	_____	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other Skill 2 (Tick one)	_____	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Skills you would like the LRC to help you build? _____				
Self-Employment				
Have you undergone any business skill training program?	<input type="checkbox"/> Yes, if so please specify _____		<input type="checkbox"/> No	
Are you currently applying these skills for earning purposes?	<input type="checkbox"/> Yes, if so please specify _____		<input type="checkbox"/> No	
If you wish to enhance your business, what barriers are you currently facing? _____				

Assessment – Aspirations

Six months after you are placed in employment what would you like to have achieved?			
We will revisit your answers to the BOLD* questions below in the follow-up survey 6-months after placement			
Would you prefer	<input type="checkbox"/> Wage Employment	<input type="checkbox"/> Self Employment	
What are your interests? _____			
Wage Employment			
What type of job would you like to do? _____			
Preferred Employer	_____	Preferred Location	_____
Willing to work in shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expectation 1*	_____		
Expectation 2*	_____		
Expectation 3*	_____		
Self Employment			
What kind of business would you like to start?		_____	
Why would you like to start your own business?		_____	
Objective 1*	_____		
Objective 2*	_____		
Objective 3*	_____		

When all required questions (*) in the above 3 pages are complete, you can mark “**Assessment Completed**”

Information Collected by*	(Name of LRC Staff Member)	Assessment Completed*	DD / MM / 20YY
----------------------------------	----------------------------	------------------------------	----------------

Counselling

Counselling may be required throughout the journey of the PWD, from selecting the right training path to staying in the job, please use this section to document all these sessions:

Date Started (First Session)*		DD / MM / 20YY		
Referral To 3rd Party (Tick one)		<input type="checkbox"/> Yes, if so name _____ Note: Details of 3 rd party will be collected in the Partnership Record <input type="checkbox"/> No		
Date of Session	Type of Session	Staff Member	Notes (Please do not record any confidential information here)	
DD / MM / 20YY	Individual/Group	Name	_____	
	Topic Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
DD / MM / 20YY	Individual/Group	Name	_____	
	Type: 1/2/3/4/5/6/7		_____	
Counselling Topics Covered with PWD by LRC or 3rd party (Tick all that apply)				
1. Training Support	<input type="checkbox"/> Support to attend new course <input type="checkbox"/> Recognising Achievement <input type="checkbox"/> Support to continue training			
2. Career	<input type="checkbox"/> Life Transitions (School–Training–Work) <input type="checkbox"/> Employment Rights	<input type="checkbox"/> Choosing a Career <input type="checkbox"/> Gaining Recognition	<input type="checkbox"/> Adapting to your workplace <input type="checkbox"/> Career Development	<input type="checkbox"/> Workplace adapting to your needs <input type="checkbox"/> Changing your Career
3. Behaviour	<input type="checkbox"/> Family	<input type="checkbox"/> Community	<input type="checkbox"/> Training Peers	<input type="checkbox"/> Work peers
4. Family	<input type="checkbox"/> Parents	<input type="checkbox"/> Brothers/Sisters	<input type="checkbox"/> Husband/Wife	<input type="checkbox"/> Other _____
5. Personal	<input type="checkbox"/> Stress <input type="checkbox"/> Sexuality	<input type="checkbox"/> Health <input type="checkbox"/> Confidence	<input type="checkbox"/> Self-Esteem <input type="checkbox"/> Friendship	<input type="checkbox"/> Financial / Money <input type="checkbox"/> Home Relations
6. Abuse	<input type="checkbox"/> Harassment <input type="checkbox"/> Sexual	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal	<input type="checkbox"/> Emotional <input type="checkbox"/> Bullying	<input type="checkbox"/> Drug / Alcohol <input type="checkbox"/> Self-Harm
7. Other	<input type="checkbox"/> _____			

Training

Training is required for PWDs to ensure they have the required skills to enter employment. At a minimum, the fields in **BOLD* must be filled out; ideally all training courses would be documented here. This training is tailored to individual's needs:**

Date Started (First Course)*		DD / MM / 20YY	
Was any course accredited and/or recognised by the Government?* (Tick one)		<input type="checkbox"/> Yes, if so course _____ <input type="checkbox"/> No	
Training Priority (Based on skills review)	1st	2nd	3rd
	Fou/Voc/Wor/Dua/Bus	Fou/Voc/Wor/Dua/Bus	Fou/Voc/Wor/Dua/Bus
Type of Course*	Date Started*	Date Completed*	Course Name
<input type="checkbox"/> Foundation <input type="checkbox"/> Basic <input type="checkbox"/> Life <input type="checkbox"/> Work (Tick all that apply)	DD / MM / 20YY*	DD / MM / 20YY*	Attendance over 80%? <input type="checkbox"/>
Notes (Specify course content, progress, cost and who paid etc.)			

<input type="checkbox"/> Vocational <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced (Tick all that apply)	DD / MM / 20YY*	DD / MM / 20YY*	Attendance over 80%? <input type="checkbox"/>
Notes			

<input type="checkbox"/> Work-Based (On-the-job, mentoring etc.)	DD / MM / 20YY*	DD / MM / 20YY*	Attendance over 80%? <input type="checkbox"/>
Notes			

<input type="checkbox"/> Dual-system (Training with Internship)	DD / MM / 20YY*	DD / MM / 20YY*	Attendance over 80%? <input type="checkbox"/>
Notes			

<input type="checkbox"/> Business Development & Management (EDP)	DD / MM / 20YY*	DD / MM / 20YY*	Attendance over 80%? <input type="checkbox"/>
Notes			

Was training complete at Training Institute? (Tick one)	<input type="checkbox"/> Yes, if so name _____ <input type="checkbox"/> No Note: Details of institute will be collected in the Partnership Record		
If PWD was rejected for further training and placement (post-counselling), (Tick One)	<input type="checkbox"/> Poor attendance <input type="checkbox"/> Poor behaviour <input type="checkbox"/> Referred to other centre <input type="checkbox"/> Other _____		

When all required questions (*) in the above page is complete, you can mark "Training Completed"			
Information Collected by*	(Name of LRC Staff Member)	Training Completed*	DD / MM / 20YY

Placement – Wage

Option	Description	Interview	Offer	Accepted	If declined, reason
1	Company Name, Role	<input type="checkbox"/>	<input type="checkbox"/> Informal <input type="checkbox"/> Letter	<input type="checkbox"/>	_____
2	Company Name, Role	<input type="checkbox"/>	<input type="checkbox"/> Informal <input type="checkbox"/> Letter	<input type="checkbox"/>	_____
3	Company Name, Role	<input type="checkbox"/>	<input type="checkbox"/> Informal <input type="checkbox"/> Letter	<input type="checkbox"/>	_____

For the accepted job	Date Offered*	DD / MM / 20YY			
How was the placement done? (Tick one)	<input type="checkbox"/> I found the job myself	<input type="checkbox"/> Placement after "Work-Based" Training	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Referral by LRC	
Is the work 'decent and non-exploitative'?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, how will you correct this? _____		
Does your family support the decision? (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, how will you manage without their support? _____		

Company Name*	(Name of Company)		Note: Details of employer will be collected in the Partnership Record	
Supervisor Contact	First Name	Last Name	Supervisor Phone Number	
Is the first PWD employed by the LRC with this employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Job Title (Designation)	_____					
Type of Job* (Tick one)	<input type="checkbox"/> Information and communication (i.e. IT, software support)	<input type="checkbox"/> Administrative and support service activities (i.e. BPO)				
	<input type="checkbox"/> Financial and insurance activities	<input type="checkbox"/> Public administration and defence; (i.e. Govt.)				
	<input type="checkbox"/> Agriculture, forestry and fishing	<input type="checkbox"/> Wholesale and retail trade; incl. repair of vehicles				
	<input type="checkbox"/> Construction	<input type="checkbox"/> Accommodation and food service activities				
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Human health and social work activities				
	<input type="checkbox"/> Education	<input type="checkbox"/> Professional, scientific and technical activities				
	<input type="checkbox"/> Transportation and storage	<input type="checkbox"/> Water supply; sewerage, & waste management				
	<input type="checkbox"/> Real estate activities	<input type="checkbox"/> Electricity, gas, steam & air conditioning supply				
	<input type="checkbox"/> Arts, entertainment and recreation	<input type="checkbox"/> Activities of households as employers				
	<input type="checkbox"/> Mining and quarrying	<input type="checkbox"/> Other service activities				
Starting Salary	_____ per day/week/month/year					
Work Shift (Tick one)	<input type="checkbox"/> Early	<input type="checkbox"/> Day	<input type="checkbox"/> Late	<input type="checkbox"/> Night	<input type="checkbox"/> Changing	
Company Benefits (Tick all that apply)	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Financial Bonus	<input type="checkbox"/> Free Food	<input type="checkbox"/> Free Accommodation	<input type="checkbox"/> Discounts	<input type="checkbox"/> Other
Time taken to get from home to work? (Tick one)	<input type="checkbox"/> Less than 45 mins		<input type="checkbox"/> 45 mins – 1.5 hours		<input type="checkbox"/> Over 1.5 hours	
How will you get to work? (Tick one)	<input type="checkbox"/> Public Transport (independently)	<input type="checkbox"/> Public Transport (with help)	<input type="checkbox"/> Private Transport (independently)	<input type="checkbox"/> Private Transport (with help)	<input type="checkbox"/> No transport required	
Where will you live? (Tick one)	<input type="checkbox"/> Family Home		<input type="checkbox"/> Relative's Home		<input type="checkbox"/> Room Rented	<input type="checkbox"/> Unknown
Are you aware of the requirement to stay in touch with the LRC for at least 6 months? (preferably longer)	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

When all required questions (*) in the above page is complete, you can mark "Placement Started"			
Information Collected by*	(Name of LRC Staff Member)	Placement Started (Wage)*	DD / MM / 20YY

Placement – Self

Business Status* (Tick one)	<input type="checkbox"/> New Business <input type="checkbox"/> Enhancing existing business	
Main Source of Seed Fund* (Tick one)	<input type="checkbox"/> Own/Family Savings <input type="checkbox"/> Friends <input type="checkbox"/> Bank <input type="checkbox"/> Government <input type="checkbox"/> Self-Help Group/DPO/ NGO <input type="checkbox"/> Sponsorship <input type="checkbox"/> MFI (Micro-Finance) <input type="checkbox"/> Money Lender <input type="checkbox"/> LRC	
Category of Business* (Tick one)	Production	<input type="checkbox"/> Carpentry Work <input type="checkbox"/> Shoe Making <input type="checkbox"/> Snack Production <input type="checkbox"/> Envelop Making <input type="checkbox"/> Candle Making <input type="checkbox"/> Jewellery <input type="checkbox"/> Flower Growing <input type="checkbox"/> Vegetable Growing <input type="checkbox"/> Spice Production <input type="checkbox"/> Chicken/Bird Rearing <input type="checkbox"/> Cow/Buffalo Rearing <input type="checkbox"/> Goat/Sheep Rearing <input type="checkbox"/> Tailoring/Garment <input type="checkbox"/> Embroidery <input type="checkbox"/> Seri-Culture (Silk) Manufacture (i.e. Chikan, Sari) <input type="checkbox"/> Other _____
	Provision of Service	<input type="checkbox"/> Cycle Repair <input type="checkbox"/> Goldsmith (repair) <input type="checkbox"/> Ironing <input type="checkbox"/> Gas Stove Repair <input type="checkbox"/> Xerox Repair <input type="checkbox"/> Air-Con Repair <input type="checkbox"/> Mobile repair <input type="checkbox"/> Computer Servicing <input type="checkbox"/> Computer Training <input type="checkbox"/> Mobile Recharge <input type="checkbox"/> Snack Kiosk <input type="checkbox"/> Tea Kiosk <input type="checkbox"/> Cold Drinks Kiosk <input type="checkbox"/> Mini-Hotel/Café <input type="checkbox"/> Beauty Parlour <input type="checkbox"/> Massage/Wellness <input type="checkbox"/> Tattoo/Mehndi Work <input type="checkbox"/> Hair Dressing <input type="checkbox"/> Other _____
	Trade	<input type="checkbox"/> Petty Shop <input type="checkbox"/> Helmet Shop <input type="checkbox"/> Cloth Shop <input type="checkbox"/> General Groceries <input type="checkbox"/> Vegetable Shop <input type="checkbox"/> Fish/Meat Shop <input type="checkbox"/> Rice/Dried Foods <input type="checkbox"/> Stationary Shop <input type="checkbox"/> Other _____ Shop
Type of Business (Tick one)	<input type="checkbox"/> Income Generating Activity (IGA) (Most Common) <input type="checkbox"/> Small to Medium Enterprise (SME) <input type="checkbox"/> Group Enterprise (GE)	
Is the work 'decent and non-exploitative'?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how will you correct this? _____	
Location of Business (As complete as possible)	(NUMBER) (STREET) (LOCALITY) (CITY) (STATE) (PIN / POST CODE)	
Total Seed Money to start/enhance business	_____	Of total, amount provided by LRC _____
Expected Financials	EXPENDITURE	INCOME PROFIT
Materials Purchased	_____	
Name of Nearest Wholesale Market	_____ (mainly for Trade businesses)	
If Enhancement, Enhancement Type (Tick all that apply)	<input type="checkbox"/> Sell other products <input type="checkbox"/> Offer other services <input type="checkbox"/> Buy Machinery <input type="checkbox"/> Expand to other location <input type="checkbox"/> Other _____	
How much do you Plan to Work (Tick one)	<input type="checkbox"/> Everyday <input type="checkbox"/> 6 days per week <input type="checkbox"/> 5 days per week <input type="checkbox"/> Less than 5 days per week	
Does your Family support the decision? (Tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how will you manage without their support? _____
Are you aware of the requirement to stay in touch with the LRC for at least 6 months? (preferably longer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

When all required questions (*) in the above page is complete, you can mark "Placement Started"

Information Collected by*

(Name of LRC Staff Member)

Placement Started (Self)*

DD / MM / 20YY

Follow-up

Please use this table to capture visits or conversations with the PWD regarding their employment (as needed):				
Date	Supervisor	Contact initiated by	Placement Satisfaction	Notes
DD / MM / 20YY	Name	<input type="checkbox"/> LRC <input type="checkbox"/> PWD		
DD / MM / 20YY	Name	<input type="checkbox"/> LRC <input type="checkbox"/> PWD		
DD / MM / 20YY	Name	<input type="checkbox"/> LRC <input type="checkbox"/> PWD		
DD / MM / 20YY	Name	<input type="checkbox"/> LRC <input type="checkbox"/> PWD		

Due Date of Post-Placement 6-month Follow-up	DD / MM / 20YY
--	----------------

Are you still in employment?* (Tick one)	<input type="checkbox"/> Yes, I am in the job I was placed in by the LRC	<input type="checkbox"/> Yes, but I have moved to a better job	<input type="checkbox"/> No
--	--	--	-----------------------------

If "No", drop-out reason* (Tick all that apply)	<input type="checkbox"/> Unhappy with placement	<input type="checkbox"/> Transport or accommodation issue	<input type="checkbox"/> Family pressure	<input type="checkbox"/> Workplace conflict	<input type="checkbox"/> Employer termination
	<input type="checkbox"/> Further study undertaken	<input type="checkbox"/> Accessibility of workplace	<input type="checkbox"/> Income too low	<input type="checkbox"/> Other _____	

Wage Employment	Did not Meet	Partially Met	Met	Exceeded Expectation
Expectation 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectation 2*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectation 3*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self Employment	Did not Meet	Partially Met	Met	Exceeded Objective
Objective 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Increased ability to compete in the job market?* (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Current Family Income/Exp. Level	Your Monthly Average Income	+	(Optional) Other Family Members Monthly Average Income	=	TOTAL
----------------------------------	-----------------------------	---	--	---	-------

Has your income increased due to placement?* (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Current Ability to Save Money for the Future	<input type="checkbox"/> No Money Saved	<input type="checkbox"/> Low (0-5% of income)	<input type="checkbox"/> Medium (6-15% of income)	<input type="checkbox"/> High (16+% of income)
--	---	---	---	--

Has your ability to save increased due to placement? (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Were you assisted to access new entitlements and support services?* (Tick One)	<input type="checkbox"/> Yes, if so, please specify _____	<input type="checkbox"/> No
---	---	-----------------------------

Are you employing others? (self)*	<input type="checkbox"/> Yes, other PWDs	<input type="checkbox"/> Yes, non-PWDs	<input type="checkbox"/> No
--	--	--	-----------------------------

Has your experience with the LRC made a positive change in your life?* (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Will you refer PWD friends to the LRC services for training and placement? (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Will you refer future job vacancies in your company/business to the LRC? (Tick one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Please tell us the main challenges that you face	_____	How do you plan to overcome these challenges?	_____
--	-------	---	-------

How do you think the LRC can improve?	_____
---------------------------------------	-------

Is your place of employment accessible? (Tick one)	<input type="checkbox"/> Yes	How can the LRC further assist?	_____
	<input type="checkbox"/> No		_____

When all required questions (*) in the above page is complete, you can mark "Follow-up Completed"

Information Collected by*	(Name of LRC Staff Member)	Follow-up Completed*	DD / MM / 20YY
----------------------------------	----------------------------	-----------------------------	----------------