



Job Seeking Questionnaire

(Rehabilitation provider to complete)

This form is for Rehabilitation Coordinators to use, to seek information from providers when job searching has been ongoing for more than six months, and no job has been secured.

Client's Details

1. Surname

2. Given name(s)

3. DVA Claim No.

4. What is the client's current medical capacity or incapacity for work and how have you ascertained this?
(e.g. a medical report or a discussion with the clients treating specialist)

5. Has the client undertaken any paid employment in the last six months?

No

Yes

Please ensure payslips are provided immediately to avoid potential overpayments to the client.

6. What are the client's employment strengths?
(e.g. good communication skills, self-motivated, eager to learn, team work etc.)

7. What is the current vocational goal/focus?

Has this been medically approved if required?
No Yes

What is the market in the local area for such roles?

Has volunteer work/a work trial been considered to assist the client to gain experience in this area?
No

Yes Please give details if available

8. What barriers have been identified to securing a suitable job and do these barriers result from the client's service related condition(s)?

| |
|--|
| |
| |
| |
| |

9. What actions have taken place thus far, to assist the client in their job seeking?

- Vocational assessment
- Resume assistance
- Cover letter assistance
- Selection criteria assistance
- Networking e.g. LinkedIn/other online profiles established
- Work Trial - please provide details

| |
|--|
| |
| |
| |

- Volunteering
- Vocational Counselling
- Mock interviews
- Canvassing employers
- Cold calling
- Retraining - please specify which training course(s) were undertaken

| |
|--|
| |
| |
| |

- Other - please specify

| |
|--|
| |
| |
| |

10. How many jobs is the client applying for on average per week?

| |
|--|
| |
|--|

How are these being monitored (e.g. is the client maintaining a log of the jobs that they have applied for)?

| |
|--|
| |
| |
| |

Is the client following up their applications to check progress?

| |
|--|
| |
| |
| |

11. Is the client's resume/cover letter being adjusted and tailored for each application?

No Yes

12. Is the client participating in their recommended medical treatment?

No Yes

Could further treatment or psychosocial rehabilitation support be recommended to assist client with meeting their return to work rehabilitation goals (e.g. brief intervention pain management and/or adjustment to injury/disability counselling)?

| |
|--|
| |
| |
| |