

PS Plus Employment Assessment

Beneficiary No: _____

Dossier Number: _____

First Name: _____

Surname: _____

Prison Number*: _____ *if applicable

Establishment

1. Employment

Do you want help with finding a job after release? Yes No Don't Know

If yes, please give brief details

Were you in work immediately before prison? Yes No Don't Know

If yes, please give brief details

Time spent unemployed (including time in custody)?

< 6 mo. 6-11 mo. 12-23 mo. 24-35 mo. >36 mo.

Is your job available to you on your release? Yes No Don't Know

Do you want help in keeping your job? Yes No Don't Know

Has contact been made with your employer? Yes No Don't Know

Current/Last Employer

Named Contact _____

Position (e.g. Manager) _____

Address _____

Contact Telephone Number _____

Normal Hours of Work _____

If yes please give brief details
