This profile belor	ngs to:				
This	s profile s	should not be	shar	ed without prior p	ermission
Date of birth:					
Date written:				Date reviewed:	
Intolerances / dietary needs:	I				
Allergies / health conditions:					
When I feel happed act:	рy				
When I feel sad act:					
If I am overwhelmed I need:					

Plans that support my activities	
Behaviour support plan:	Care plan:
Personal emergency evacuation plan:	Health / medical plan:
Other plans:	
My communication	
I communicate using:	Important things you can do to support my communication:

People who are important to me and support me		
Name and relationship:	They are important because:	
I would like this plan to be shared with		
Name:	How will it be shared and communicated:	

Planning my day	
A good day for me looks like:	Good times of the day for me are:
Things that need to happen during the day to meet my needs:	Who will support me with travel and transitions:

What's important to me about my employment?	 1. 2. 3. 4.
What good support looks like for me in employment:	 1. 2. 3. 4.
Skills	
Transferrable skills I have:	 1. 2. 3. 4.

Previous experience		
Job title / position:	Work activity:	How I contributed:
Job roles / duties		
The types of job role or duties I am suited to based on my qualities and abilities:	 2. 3. 	
This is what I can do to show I am engaged:		

Making an inclusive workplace:	
What will help make a workplace inclusive for me:	1.
	2.
	3.
	4.
	5.
	6.
Adjustments	1.
agreed with employer:	2.
	3.
	4.
	5.
	6.
Signed by the individ	ual:
Signed by the employer:	