**Date:**

|  |  |
| --- | --- |
| **ALUMNI NAME** |  |
| **Contact Details:**  **Email / phone number** |  |
| **PFA OUTCOMES** | |
| **EMPLOYMENT**  Have you identified any form of work upon leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?  **Employment/Supported Employment**  Full-time  Part-Time  Occasional  Volunteering  If yes to any of the above – Name of employer/organisation:  **Education**  Full-Time  Part-Time  Short Course  If Yes to any of the above – Name of Course:  **Training**  Full-Time  Part-Time  Short-Course | |
| **INDEPENDENT LIVING / HOUSING**  What type of housing have you moved to?  Do you live in supported Housing?  Yes  No  Do you live in independent housing?  Yes  No  Have you made a successful transition back to your home?  Yes  No  If you have moved back home, do you intend to move to your own accommodation in the future? Yes No Unsure  Do you have a PA? Yes No | |
| **COMMUNITY INCLUSION**  What community activities have you linked in with your local area?  Do you currently attend any community activities or services? Yes No  **Please List all below** | |
| **HEALTH**  Since completing your education at \_\_\_\_\_\_\_\_\_\_\_ have you linked in with all health services?  Please list details below:  Gym other physical exercise:  **Doctor:**  **Dentist:**  **Optician:**  **O/T:**  **Therapist:**  **Physio:**  **Healthy living course:**  **Other** | |
| **ACTION POINTS & NOTES** | |
|  | |

**Signed:**

**Date:**

**Signed Alumni:**

**Date:**