



Initial Occupational Assessment: work detail sheet

"This form is completed by Occupational Assessors following an initial occupational assessment. A separate work details sheet must be completed for each work type option identified in the assessment report."



Client's name

Type of work

Give the type of work (unit group) the client has been assessed as suitable for (based on their education, earnings, training, and experience).

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Description

Please give a brief description of the work type including tasks and any other suitable related occupations that fall into the same grouping.

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Environment and function

Tick the boxes below to show the type of environment and function of the work that is suitable for the client. (For example, a typist would work indoors seven hours a day with the main activities involving sitting and repetitive movements.) Please state whether the listed functions are: constant, intermittent or uncommon.

Environment

- | | |
|---|---|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Hot | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Dirty |
| <input type="checkbox"/> Wheelchair access to work site | <input type="checkbox"/> Other (please specify) |

Function and activity

- | | |
|---|---|
| <input type="checkbox"/> Standing | <input type="checkbox"/> Heavy lifting, pulling, or carrying |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Repetitive movements |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Stretching up or across | <input type="checkbox"/> Using hand tools |
| <input type="checkbox"/> Squatting or crouching | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Twisting body or neck | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Substantial contact with skin irritants or water | <input type="checkbox"/> Mental activities (for example, memory use or concentration) |

Note any further descriptions of the above activities (attach additional information if necessary).

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Assessor details

Name

Organisation

Signature Date/...../.....