**‘THINKING AHEAD’ QUESTIONNAIRE** **(Year 10/11)**

In Year 11 your Careers Adviser will talk to you about what you might do after Year 11. To help make the most of this discussion, please answer the questions on this form and bring to your Careers Interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | Qualification (e.g. GCSE/BTEC) | Year 10 Results  (*if known*) | Estimated Year 11 Results | Please tick the subjects you enjoy the most/get best grades in |
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Name……………………………………………………………………………………………………………………………  
School………………………………………………………………………………………………………………………….  
Tutor Group……………………………………………………………  
**Please list all the subjects you are studying in school**  
 **If you go to college or a work placement during the school week, please give details below** (*i.e. where you go/type of work or study/alternative project to school/if you will gain a qualification for this*)

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**Please give details of any interests and experience of work** (*some of these may be in school and some may be in your own time*)  
Interests/Responsibilities (*e.g. prefect, librarian, sports team* ) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Post-16 Options** *(Tick as appropriate*)

|  |  |  |
| --- | --- | --- |
| **Statement** | **Yes** | **No** |
| I want to go to a 6th form |  |  |
| I want to go to College |  |  |
| I want to get an apprenticeship/job with training |  |  |
| I just want to get a job |  |  |
| I’m not sure what I want to do |  |  |

**What job/career ideas do you have?**……………………………………………………………………………………………………………………………………………  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  
**Health**Please give details of any health problems which you might feel affect your choice of careers (*e.g. asthma, hearing difficulties, eyesight problems*)  
…………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Is there anything you would like to discuss with your Careers Adviser?  
Yes** 🞏 **No** 🞏

|  |
| --- |
| Items discussed/Action Points (*to be completed by Advisor*) |

If yes, please give details (*if you wish to*) …………………………………………………………………………………………………….. ………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed ……………………………………………………………………….Date …………………………………………………………….