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1ST PERSONAL COUNSELLING SESSION[1]

REF. CODE OF BENEFICIARY: ……
VOCATIONAL TRAINING CENTER: ……
DATE OF SESSION:……..……..
CONSULTANT'S NAME: ……

1. Self-evaluation

- **Tell me about you**

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- **In your free time, what do you do?**

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- **Who are the members of your family?**

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- **What educational background do you have?**

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- **Have you attended other vocational training programs and if yes at what thematic?**

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- **What is your knowledge of languages?**

Language: …… Level of understanding / reading / writing :…… / ……./……..
Language: …… Level of understanding / reading / writing :…… / ……./……..
Language: …… Level of understanding / reading / writing :…… / ……./……..

[1] By MEK VTC

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- **What computer skills (digital skills) do you possess? Please define**

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- **Can you perform mathematical computations with ease?**

Yes ☐ No ☐

- **How well can you communicate orally?**

Excellent …….. Very Good …… Average ……..

- **How well can you communicate in writing?**

Excellent …….. Very Good …… Average ……..

- **How well do you think you communicate with others at work or in your daily activities?**

Excellent …….. Very Good …… Average ……..

- **What are your interests? Please note down 3-5 things you are enjoying doing**

1. 4.
2. 5.
3.

- **What are the most important characteristics you would like your work to have? Please list 3 – 5 characteristics, e.g. working alone or in a team, doing office work, flexible or not working hours etc.**

1. 4.
2. 5.
3.

- **What are the most important characteristics you would NOT like your work to have?**

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- **What are your skills & abilities?** Please list your skills, according to things you can do better, e.g. problem solving, communicating with others etc.

I am good at:

1. 2. 3.

I did well:

1.	2.	3.

They say I am good at:

1. 2. 3.

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- **Can you recall a small or a great, professional or personal success that you feel proud of? What skills or capabilities relate to your achievement?**

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- **In which areas you believe you need to get improved or stronger so that you have more career opportunities?**

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- **Which thematic you wish to get trained in?**

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- **Are you fully acquainted with the chosen thematic? Have you carried out an information search? Have you talked to sector professionals?**

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- **Which is your final thematic selection? What is your criteria for this choice?**

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- **How certain are you for your choice?**

Very ☐ Not very certain ☐ Not at all ☐

- **How do you think this will benefit you?**

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2. Consultants' evaluation

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- **Do you need any further information regarding the selected thematic?**

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- **Would you like to discuss something else?**

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- **What are your short-term plans – goals?**

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3. Consultant's comments:

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The Beneficiary	The Consultant
(name-signature)	(name-signature)

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