

JOB ANALYSIS

DATE OF ANALYSIS:

COMPILED BY:

COMPANY:

ADDRESS:

TELEPHONE:

CONTACT:

TITLE:

SUPERVISOR:

TITLE:

NATURE OF BUSINESS:

How is the company owned and controlled?

Is the building wheelchair accessible?

Is the building accessible by public transport?

If yes, please state bus number and also train times:

JOB TITLE:

EMPLOYEE:

PHONE NUMBER:

Core work routines:

Episodic work routine:



JOB REQUIREMENTS AS TYPICALLY PERFORMED:

(very brief)

1. Physical demands:

- i. Lifting:
- ii. Standing:
- iii. Continuous movement:
- iv. Rapid movement:
- v. Walking:
- vi. Climbing:
- vii. Stooping:
- viii. Crawling:

b. Sensory/Communication Demands:

- i. Vision:
- ii. Hearing:
- iii. Speaking:
- iv. Judgement:

c. Academic demands:

- i. Reading:
- ii. Writing:
- iii. Maths:

2. General strengths and endurance required:

3. Pace of work:

4. Potentially dangerous components of job:

5. Critically important components of job:

6. Established learning curve or probationary period for the job:

7. Prohibitions – are there any activities the employee will be prohibited from doing?

HEALTH AND SAFETY CHECKLIST:

1. Does the company have a health and safety policy?
2. Has a risk assessment been completed by the company?
3. Has a COSHH (control of substances hazardous to health) assessment been completed by the company?
4. Is RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) information available?
5. Is there a well stocked first aid box?
6. Does the company have a current liability insurance?
 - a. Expiry date of certificate:
7. Does the company carry out regular fire drills?
8. Does the company carry out checks on electrical equipment?

These questions are usually quite scary! We can help take the fear out of them by helping you understand them better.

Job summary:

WORKPLACE CONSIDERATIONS:

1. **Hours worked:**
 - a. **Full time:** per day per week
 - b. **Part time:** per day per week

2. **Breaks:**

3. **Holidays:**

4. **Rate and method of payment for this job:**

5. **Variations Seasonal:**

6. **How are staff normally recruited?**

7. **Special clothing required:** Provided by:
 - a. **Uniform:**
 - b. **Safety equipment:**

8. **Tools to be used:**

9. **Equipment to be operated:**

10. **Materials to be handled:**

11. **Description of environmental conditions at worksite:**

12. **Description of co-worker team:**
 - a. **How many co-workers in the immediate vicinity?**
 - b. **Workforce?**
 1. **Average age:**
 2. **Mainly male or female:**
 3. **Mainly local:**
 4. **Average length of time in employment:**
 - c. **Workforce summary:**

13. **Job description schedule:**
 - a. **Days of Work:** From To

14. **Sequential chronology of typical workday (including work routines)**

EMPLOYMENT SITE:

Quality Considerations Checklists (good, average, poor)

1. **Interaction available with non-disabled co-workers:**
2. **Interactions with public:**
3. **Wages:**
4. **Benefits:**
5. **Overtime:**
6. **Sick Pay:**
7. **Holiday Pay:**
8. **Other:**
9. **Long term employment security:**
10. **Enhancing features:**
11. **Increasing responsibility:**
12. **Upward mobility:**
13. **Raises:**
14. **Status:**
15. **Work expectations:**
 - a. **Clearly defined:**
 - b. **Flexible:**
16. **How do employees view the company?**
17. **How does the community view company?**
18. **Is the employer open to innovation?**
19. **What is the proximity to community resources?**
20. **Co-workers turnover:**

TRAINING CONSIDERATIONS:

Position of Consultant in Relation to Employee (initially and during fading)

Step 1:

Step 2:

Step 3:

Step 4:

Availability of Co-workers/Supervisors as Trainers:

Description of Training Available from Employer:

Potential Use of Adaptations and Modifications in the Worksite:

Willingness of Co-Workers/Supervisors to Provide Support and Assistance: