

Pathways 2006

A national survey of the opinions and experiences of 16-21 year olds

What are you doing now?



Pathways 2006

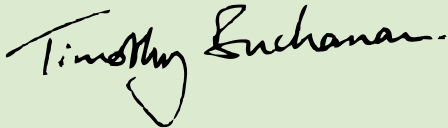
This booklet is about what you may be doing now whether it is work, education or training or something else. It will not take long to fill in since not all questions will apply to you. Please follow the arrows to see where to go.

Some instructions on how to complete this booklet are given below. If anything is unclear or you need more information please call our free telephone helpline on 0800 0564538. This line is staffed Monday to Friday from 9.30am to 9pm and on Saturday from 10am to 5pm

Everything you say will be treated in complete confidence.

Thank you for your help.

Yours sincerely



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How to complete this booklet

Most of the questions have boxes beside them and you will give your answer like this:

Yes No

In other cases we might ask you to write in a box like this

Write in:

Sometimes we might ask you to write a date.
For example you would write July 2005 like this

Month	Year
<input type="text" value="07"/>	<input type="text" value="2005"/>

YOUR VIEWS ABOUT WORK AND EDUCATION

1 Here are some things which people have said about work and education. For each one please say whether you agree or disagree.

‘X’ one box on each line

	Agree	Disagree	Don't know
Thinking back to year 11 I received appropriate and good careers advice and guidance (e.g. from school/the Connexions service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since March 2005 the courses, jobs or training I have done have generally worked out well for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find out about future work, education or training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making plans for the future is a waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get enough support in planning my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do more training or education in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT ARE YOU DOING NOW?

2 We would like to know what you are doing at the moment. Please ‘X’ one box to show us what your main activity is.

If you are temporarily sick or on holiday please ‘X’ your usual activity.

‘X’ one box

Looking for work/ unemployed	<input type="checkbox"/>
(Modern) Apprenticeship (Foundation or Advanced), or other government supported training (such as Entry to Employment (E2E))	<input type="checkbox"/>
In a full-time job (over 30 hours a week)	<input type="checkbox"/>
In a part-time job (if this is your <u>main</u> activity)	<input type="checkbox"/>
In full-time education at university, college or school	<input type="checkbox"/>
Taking a break from study or work	<input type="checkbox"/>
Looking after the home or family	<input type="checkbox"/>
Doing something else (Please write in below)	<input type="checkbox"/>

When did you start doing this?

Enter month and year (e.g. Jan=01, Feb=02)

Month	Year
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

QUALIFICATIONS OBTAINED SINCE 1st MARCH 2005

3

Since 1st March 2005, when we last contacted you, have you obtained any vocational or professional qualifications such as NVQs or AVCEs (Vocational A levels) including any units you have been awarded? (Please do not include any academic qualifications such as A2s, AS levels, GCSEs on this page. We ask about them at questions 5 to 6.)

Yes

No → Go to **5**

4

Please tell us more about these qualifications you obtained below. First 'X' the appropriate box under i) for each qualification; then write the subject(s) under ii); and if appropriate, 'X' a box under iii).

Qualification Name	(i) Achieved	(ii) Main Subject	(iii) NVQ Level				
	Full award Certain units only	Please write in below	'X' <u>one</u> box Not sure				
NVQ			1	2	3	4	Not sure

	<input type="checkbox"/> or <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> or <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDEXCEL (BTEC/LQL)	Achieved ('X')	Main subject(s) (Please write in below)	NVQ Level equivalent ('X' <u>one</u> box)				
---------------------------	----------------	--	---	--	--	--	--

First Certificate	<input type="checkbox"/>						
First/general Diploma	<input type="checkbox"/>						
National Certificate/Diploma	<input type="checkbox"/>		1	2	3	4	Not sure
Other Edexcel (BTEC) (Give NVQ level)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITY & GUILDS

Level 1/Part 1	<input type="checkbox"/>						
Level 2/Part 2/Craft/Intermediate	<input type="checkbox"/>						
Level 3/Part 3/Final/Advanced Craft	<input type="checkbox"/>		1	2	3	4	Not sure
Other City & Guilds (Give NVQ level)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCR (RSA)

Vocational Certificate	<input type="checkbox"/>						
Diploma	<input type="checkbox"/>						
Advanced Diploma/Certificate	<input type="checkbox"/>		1	2	3	4	Not sure
Other OCR (RSA) (Give NVQ level)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GNVQ	Full award	Part 1 only	Grade ('X' <u>one</u> box)
			Pass Merit Distinction

Foundation GNVQ	<input type="checkbox"/>	or	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate GNVQ	<input type="checkbox"/>	or	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVCE	6 Units (A Level)	3 Units (AS Level)	Grade ('X' <u>one</u> box)
			A B C D E

AVCE/Vocational A level	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or AVCE Double Award	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other vocational or professional qualifications. Please give details here of similar vocational or professional qualifications you have obtained. Please do not include academic qualifications such as A2s, AS Levels, GCSEs and Key skills as these are asked about at later questions.

Qualification	Main subject(s)	Qualification level	Results
---------------	-----------------	---------------------	---------

QUALIFICATIONS OBTAINED SINCE 1st MARCH 2005

5 Since 1st March 2005, when we last contacted you, have you obtained any A2s (A levels), AS levels, GCSEs or other academic qualifications?

Yes No → Go to **7**

6 Since 1st March 2005, which qualifications have you obtained?

A2s (A Levels)?

Yes	Subject(s) <i>(Write in below)</i>
<input type="checkbox"/> →	<input style="width: 300px; height: 20px;" type="text"/>
No	<input style="width: 300px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>

Your results (*'X'one box*)

A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AS Levels?

Yes	Subject(s) <i>(Write in below)</i>
<input type="checkbox"/> →	<input style="width: 300px; height: 20px;" type="text"/>
No	<input style="width: 300px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>

Your results (*'X'one box*)

A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GCSEs?

Please enter the subject and grade you achieved for each GCSE including GCSEs in vocational subjects. All other qualifications including short course GCSEs should be entered further down the page

Yes	Subject(s) <i>(Write in below)</i>
<input type="checkbox"/> →	<input style="width: 300px; height: 20px;" type="text"/>
No	<input style="width: 300px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>
	<input style="width: 300px; height: 20px;" type="text"/>

Your results (*'X'one box*)

A*	A	B	C	D	E	F	G
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other qualifications Please enter qualification name, such as short course GCSEs, Key Skills or International Baccalaureate, subject, level and results

Qualification name <i>(e.g. Short course GCSEs, Key skills)</i>	Main Subject(s) <i>(Please write in below)</i>	Qualification level <i>(e.g. Level 1-3) If applicable</i>	Results <i>(e.g. grade merit, pass)</i>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

FULL-TIME EDUCATION

7 At present are you studying full-time for any qualifications either vocational or academic?
'Full-time' includes a sandwich course but not day or block release. Do not include courses which are part of a full-time job or training course – these will be covered later. Please do include correspondence courses and open learning courses.

Yes No → Go to **18**

8 Is this a sandwich course?

Yes and I am currently on a work placement
 Yes and I am **not** currently on a work placement
 No

9 Where are you studying? *If on sandwich course 'X' your place of study (not workplace)*

Yes ('X' one box)

University
 Higher Education College
 Further Education College
 Sixth Form College
 School
 Independent/Other college
 Private Training Centre
 Other (*Please write in below*)

10 When did you start this course or courses?

Month Year

Enter month and year (e.g. Jan=01, Feb=02)

11 When do you expect to finish this course or courses? *Please give your best estimate*

Month Year

Enter month and year (e.g. Jan=01, Feb=02)

12 Do you receive any money in the form of an official grant, a maintenance grant or allowance, a bursary or similar award while you're taking this course?

*Do include the Higher Education (Maintenance) Grant (received via the Student Loan Company).
 Do not include loans from the Student Loan Company or other loans such as those from banks or relatives.
 Do not include grants covering tuition fees only or travel costs only.*

Yes No → Go to **16**

13 What type(s)?

'X' one box on each line

	Yes	No
A Higher Education (Maintenance) Grant	<input type="checkbox"/>	<input type="checkbox"/>
A grant from a University or college	<input type="checkbox"/>	<input type="checkbox"/>
A grant from the NHS or Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
An Educational Maintenance Allowance (EMA)	<input type="checkbox"/>	<input type="checkbox"/>
A grant from the Local Education Authority (not EMA)	<input type="checkbox"/>	<input type="checkbox"/>
Another grant or allowance (<i>Please write in below</i>)	<input type="checkbox"/>	<input type="checkbox"/>

14 **How much do you receive?** *If you receive more than one grant or allowance please give the total amount. Exclude help with travel costs.*

£ .00p

15 **What period does this cover?** 'X' one box

Week

Month

Term

Year

Other period (*Please write in below*)

16 **Do you receive any help with travel costs from your university, college or Local Education Authority?**

Yes No

17 **Do you have a paid job?** (*Include casual work and part-time work*)

'X' one box

No

Yes, term time only

Yes, vacation only

Yes, term time and vacation

PART-TIME EDUCATION

18 **Are you enrolled on a part-time course of education, excluding leisure courses?**
(*Do not include courses which are part of a full-time job or training course – these will be covered later. But please do include correspondence courses and open learning courses.*)

Yes No → Go to 20

19 **Where are you mainly taking your present part-time course?**
If you are taking more than one part-time course, give details of the main one

'X' one box

College of Further Education

Sixth form college

University/Higher Education college

Private training college or centre

Training centre run by your employer

Work

School

Studying from home

Somewhere else (*Please write in below*)

QUALIFICATIONS BEING STUDIED FOR NOW

20

At present are you studying or training for any NVQs or any other vocational or professional qualifications including AVCEs, GNVQs, EDEXCEL (BTEC), City and Guilds, OCR (RSA) qualifications?
(Do not include any academic qualifications on this page. These are asked about at later questions)

Yes

No

→ Go to 22

21

Please tell us about these qualification/s you are studying for below. First 'X' the appropriate box under i) for each qualification; then write the subject(s) under ii); and if appropriate, 'X' a box under iii).

Qualification Name NVQ	(i) Studying/training for		(ii) Main Subject <i>Write in below</i>	(iii) NVQ Level				
	<i>'X' one box for each qualification</i>			<i>'X' one box</i>				
	Full award	Certain units only		1	2	3	4	Not sure
	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDEXCEL (BTEC/LQL)

Qualification Name	(i) Studying/Training for		(ii) Main Subject(s)	(iii) NVQ Level equivalent				
	<i>('X')</i>			<i>('X' one box)</i>				
			<i>(Please write in below)</i>	1	2	3	4	Not sure
First Certificate	<input type="checkbox"/>		<input style="width: 100%;" type="text"/>					
First/general Diploma	<input type="checkbox"/>		<input style="width: 100%;" type="text"/>					
National Certificate/Diploma	<input type="checkbox"/>		<input style="width: 100%;" type="text"/>					
Other Edexcel (BTEC) <i>(Give NVQ level)</i>	<input type="checkbox"/>		<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITY & GUILDS

Level 1/Part 1	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>						
Level 2/Part 2/Craft/Intermediate	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>						
Level 3/Part 3/ Final/Advanced Craft	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other City & Guilds <i>(Give NVQ level)</i>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCR (RSA)

Vocational Certificate	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>						
Diploma	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>						
Advanced Diploma/Certificate	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other OCR (RSA) <i>(Give NVQ level)</i>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GNVQ

	Full award	Part 1 only	
Foundation GNVQ	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Intermediate GNVQ	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>

AVCE

	6 units (A level)	3 units (AS level)	
AVCE/Vocational A level	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
	<input type="checkbox"/>	or <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Or AVCE Double Award	<input type="checkbox"/>	12 units	<input style="width: 100%;" type="text"/>

Other vocational or professional qualifications. *Please give details here of similar vocational or professional qualifications you are currently studying for. Please do not include academic qualifications or Higher Education qualifications as these are asked about at later questions.*

Qualification <i>(Please write in below)</i>	Main subject(s) <i>(Please write in below)</i>	Qualification level <i>(e.g. Level 1, Foundation) if applicable</i>	NVQ level equivalent <i>('X' one box)</i>				
			1	2	3	4	Not sure
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS BEING STUDIED FOR NOW

22 Are you currently studying for any Higher Education qualification, such as a degree, Diploma in Higher Education, Initial Teacher Training, Foundation Degree, HND or similar? *If you are working on the work placement as part of a sandwich course 'X' yes*

Yes No → Go to 25

Taking a gap year → Go to 25

23 Which of these are you studying for?

'X' one box

Degree

Diploma in Higher Education

Initial Teacher Training

Foundation Degree

HND

Other (please write in)

24 What is the name of this qualification, including the subject? *Please write in the box below, e.g. BSc Biology, BA (Joint Hons) French and European Studies, BEd Primary Education*

QUALIFICATIONS BEING STUDIED FOR NOW

25

Are you studying for any A2s (A levels), AS levels, GCSEs or other academic qualifications?
(We asked about GNVQs and AVCEs/Vocational A levels at question 21) (We asked about Degrees, Diplomas, Teacher Training and HNDs at question 23).

Yes No → Go to **27**

26

Please tell us which types of qualifications you are studying for, the number of each type you are studying for, and the subjects

A2s (A levels)

Yes →
 No

i) Number of A2s (A levels)?

Write in:

ii) What subject(s)? *Write in below:*

AS levels

Yes →
 No

i) Number of AS levels)?

Write in:

ii) What subject(s)? *Write in below:*

GCSEs

Yes →
 No

i) Number of GCSEs?

Write in:

ii) What subject(s)? *Write in below:*

Other academic qualifications

e.g. short course GCSEs, Key Skills, International Baccalaureate, etc

		Main Subject(s) <i>(Please write in below)</i>	Qualification name <i>(Please write in below)</i>	Qualification level <i>(e.g. Level 1, Foundation) If applicable</i>
Yes	<input type="checkbox"/> →	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
No	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

JOBS AND TRAINING

27 Are you currently in a full or part-time job or on an (Modern) Apprenticeship or in other government supported training?

Include casual work.

Yes

No → Go to 46

Please answer these next questions thinking about your current job or training. If you have more than one job/training, answer about the one with the most hours.

28 When did you start this job or training?

Month Year

Enter month and year (e.g. Jan=01, Feb=02)

29 What is the name of your job / the work you are being trained to do? *Please write in your job/training title (we do not need the name of the company):*

30 What work do you mainly do there? *Please write in:*

31 How many people work for your employer at the place where you work?

'X' one box

1-24

25-499

500 or more

32 What does the firm or organisation, where you work or receive your training, make or do? *(If you are self-employed, please tell us what you make or do). Please write in:*

JOBS AND TRAINING

33 Are you an employee or are you self-employed? 'X' *one box*

- Employee → Go to **34**
- Self-employed (no employees) → Go to **36**
- Self-employed (with employees) → Go to **36**

34 Do you have formal responsibility for supervising the work of other employees?

Do not include children, animals or buildings.

Yes No

35 Have you been taken on permanently, or is the job temporary?

'X' *one box*

- Permanent
- Temporary
- Not sure

36 How much money do you usually take home each week or each month from this job or training, after deductions but including bonuses or overtime? *(For training, please do not count any travel or lodging allowance you receive.) (If you are still in full-time education, please tell us about your usual earnings during term time only.) Please write in amount:*

Each week £ .00p **OR**

Each month £ .00p

37 How many hours do you usually work each week in this job or training, including overtime? *(If you are still in full-time education, please tell us about the hours you work during term time.) Please write in amount:*

hours per week

38 Do you currently have ... 'X' *one box*

- One job or training place → Go to **41**
- More than one job or training place

39 How much money do you usually take home each week or each month in total, from all your jobs and training, after deductions but including bonuses or overtime?

(For training, please do not count any travel or lodging allowance you receive.)

(If you are still in full-time education, please tell us about your earnings during term time only.) Please write in amount:

Each week £ .00p **OR**

Each month £ .00p

40 How many hours do you usually work each week in total? *(If you are still in full-time education, please tell us about the hours you work during term time.) Please write in amount:*

Survey Question Bank hours per week

JOBS AND TRAINING

41 Is this job or training any of the following?

'X' one box

Advanced (Modern) Apprenticeship

(Modern) Apprenticeship

(Modern) Apprenticeship, but not sure whether Advanced or not

Other government supported training (including Entry to Employment (E2E))
(Please give details below)

None of these are part of my job/training

Not sure

42 In the last four weeks, have you received any on-the-job training, that is, training in the course of your usual work?

Yes

No → Go to 44

43 Does this on-the-job training lead to a qualification?

Yes

No

44 In the last four weeks, have you received any off-the-job training, that is, training away from your usual place of work?

Yes

No → Go to 46

45 Does this off-the-job training lead to a qualification?

Yes

No

YOUR CURRENT SITUATION

46 Are you currently in employment or doing any education or training?

Yes → Go to **48**
 No

47 For many people there are things outside their control which make it difficult for them to be in education, training or employment. Others choose not to be in these because they want to do something else. For each of the statements listed below please 'X' one box to indicate whether or not this applies to you.

'X' one box on each line

Applies to me Doesn't apply to me

I am currently having a break from study	<input type="checkbox"/>	<input type="checkbox"/>
I need more qualifications and skills to get a job or education or training place	<input type="checkbox"/>	<input type="checkbox"/>
I am currently looking after the home or children	<input type="checkbox"/>	<input type="checkbox"/>
I am currently looking after other family members such as a parent or other relative	<input type="checkbox"/>	<input type="checkbox"/>
I have poor health or a disability	<input type="checkbox"/>	<input type="checkbox"/>
I have housing problems	<input type="checkbox"/>	<input type="checkbox"/>
I have family problems	<input type="checkbox"/>	<input type="checkbox"/>
I (would) find it difficult to travel to work or college because of poor transport where I live	<input type="checkbox"/>	<input type="checkbox"/>
I would be worse off financially in work or on a course	<input type="checkbox"/>	<input type="checkbox"/>
There are no decent jobs or courses available where I live	<input type="checkbox"/>	<input type="checkbox"/>
I have not yet decided what sort of job or course I want to do	<input type="checkbox"/>	<input type="checkbox"/>
I have not found a suitable job or course	<input type="checkbox"/>	<input type="checkbox"/>
I have other reasons (please write in below)	<input type="checkbox"/>	<input type="checkbox"/>

48 Have you recently thought about starting your own business, buying into an existing business or becoming self-employed?

'X' one box

Yes	<input type="checkbox"/>	→	Go to	49
No	<input type="checkbox"/>	→	Go to	50
Don't know	<input type="checkbox"/>	→	Go to	50
Currently self-employed/running my own business	<input type="checkbox"/>	→	Go to	50

49 When you say that you have thought about starting your own business, buying into an existing business or becoming self-employed, is this something that you are thinking of doing in the near future, within the next two years or so, or further into the future than that?

'X' one box

Now/near future	<input type="checkbox"/>
Within the next two years or so	<input type="checkbox"/>
Further in the future	<input type="checkbox"/>
Don't know/only a vague idea	<input type="checkbox"/>
Decided against it	<input type="checkbox"/>

50 Have you ever taken part in any business or enterprise training activities (such as Young Enterprise, business planning?)

'X' one box

Yes

No

Dont know

YOU AND YOUR HOUSEHOLD

It would be very helpful to know a little more about you and your household.

51 Do you live with any of the following people?

'X' one box in each row

	Yes	No
Father/Stepfather (including mother's partner)	<input type="checkbox"/>	<input type="checkbox"/>
Mother/Stepmother (including father's partner)	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or sisters	<input type="checkbox"/>	<input type="checkbox"/>
Husband, wife or partner	<input type="checkbox"/>	<input type="checkbox"/>
Your own child/children	<input type="checkbox"/>	<input type="checkbox"/>
Any other relatives	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>
Anyone else you have not told us about already (Please write in their relationship to you below)	<input type="checkbox"/>	<input type="checkbox"/>

52 Do you have any long-standing illness, disability or infirmity? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes

No → Go to **54**

53 Does this illness or disability limit your activities in any way?

Yes

No

54 If there is anything else you would like to tell us about what you have done in the period since March 2005, please write in below.

We may like to contact you again next year so please complete your details below.

55 If you have an email address, please write it in **BLOCK CAPITALS** below:

Email

56 Please write your telephone number below:

Home Telephone number

Mobile number

57 In case we should have difficulty getting post to you if you move please **PRINT** the name, address and telephone number of someone (with a different address from your own) who will know where to reach you (such as an uncle or aunt, older brother or sister or a close friend).

Mr/Mrs/Ms/Miss

First name

Last name

Telephone

58 If the address on the accompanying letter is wrong, please print your full name and address below:

First name

Last name

Address

Postcode

THANK YOU FOR YOUR HELP

Now please post this back to us in the reply paid envelope provided.

If you have lost the envelope, please send it by **FREEPOST** to
GfK NOP, Chelmsford Data Centre, FREEPOST KE4466, CHELMSFORD, CM1 1ZZ

It does not need a stamp.

Printed on Recycled paper

