**Promising Practices on the Transition from education to employment**

As a part of its activities under the Lighthouse Network EASPD’s Member Forum on Education aims to develop a manual on how services can support persons with disabilities at key transition phases during their lives namely: Secondary School into employment. This manual will include a number of promising practices on how to support the transition at each phase.

**Collection of promising practices:**

To defined as a promising practice the practice should:

* Be feasible and can be upscaled in other countries;
* Be an innovative practice which solves a current challenge;
* Be something that has been evidence informed.

**The promising practice should cover one, or more, of the following aspects of the transition:**

* **The job selection and adaptation process:**
	+ This could include:
		- Job searching and the interview process
		- Functional assessment
		- Adaptation of the workplace including the commute to the workplace
		- Supported employment technique (with a job coach)
* **The development of the employee as an autonomous individual:**
	+ This could include:
		- Self-determination of the person with a disability
		- Promotion the self-esteem of the person with a disability
		- Self-Knowledge training for the person with a disability (training to better understand their rights and be aware of their disability, strengths, skills and abilities) (phycological education
		- Support to reach the goals of the person, as much as they can.
		- Certification of competences
* **The cooperation of stakeholders:**
	+ This could include:
		- Co-production (equal involvement of all)
		- Communication between employer, employee and Network (family)
* **The increased awareness and training of the employer and other staff:**
	+ This could include:
		- Awareness raising for the Employer (to know what disability means, what it means to give support etc)
		- Training for those in the workplace (employer, other employees)
* **Impact measurement -** what are the benefits/changes (employer and employee) (attitudes)

If you have a practice on one or more of the above aspects, please complete the below nomination form and send it to Rachel.vaughan@easpd.eu by 11th October 11:59pm.

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| **Promising practice nomination form** |
| Title of the proposed practice:  |
|  |
| **Indicate the activity-field(s) of the practice you propose (highlight all that apply):** |
| Job selection Adaptation process Employee development Cooperation development Awareness Raising Training Impact measurement Other: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . |
| **Indicate the barriers the proposed practice overcomes**  |
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|  |
| **Contact Person** |
| **Title** |  | **First name**  |  |
| **Surname**  |  | **Position** |  |
| **Phone Number** |  | **E-mail address**  |  |
|  |
| **Applicant Organisation**  |
| **Name** |  |
| **Country** |  |
| Description of practice |
| **Briefly describe the practices’ objectives, activities and target audience, etc**Max. 1000 characters including spaces |
|  |
| Sustainability of the best practice |
| **When did the practice begin? Is it sustainable? What is the future outlook of the practice?** Max. 900 characters including spaces |
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| **Describe how the practice fits in your current local context (both legal and economic).**Max. 900 characters including spaces |
|  |
| **Could the practice be scaled-up? Can it be exported to other countries, businesses, settings? If yes, please, explain how**Max. 700 characters including spaces |
|  |
| **What are thestrengths of the practice you propose?** Please include in your answer the benefits received by the subjects of the practice i.e. people with disabilities and the benefits, if any, for the community. |
|  |
| **What are the weaknesses, if any, of the proposed practice?** |
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|  |
| Outcomes and results |
| Success |
| **How can you show that your practice is and will be successful? Please provide supporting elements such as testimonies, pictures, videos or reports.** Max. 900 characters including spaces |
|  |

**I state that the provided information is correct and to the best of my knowledge. I know and understand that the information I provide might be used in printing material and/or on websites now and in the future. I agree with the use of the information I provided for awareness raising and transfer of best practices.**

Name Organisation: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Title, name and function. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .