

ILPO55 REFERENCE FRAMEWORK - EMPLOYABILITY PORTFOLIO

TOOL 2 – COMPETENCE EVALUATION QUESTIONNAIRE

Introduction

The following questionnaire forms part of the ILPO55 Reference Framework – Employability Portfolio which aims to improve the employability of Individuals in employment, at the age of 55 years or older (Over55), within the Financial Services Sector.

The aim of the Competence Evaluation Questionnaire is to guide the individual in the process of self-reflection in order to identify his/her own personal strengths and weaknesses in relation to employment within the Financial Services Industry. The result of the questionnaire should give an initial insight into the individual's main skills and competences, and lead the way to the other tools forming part of the ILPO55 Employability Portfolio.

Through this process of self-reflection the individual will be able to identify his/her main strengths and areas for improvement in order to remain relevant to, and progress within, the Financial Services Sector and the world of work in general.

The questionnaire consists of the following sections:

- Section A: Personal Details
- Section B: Management Skills
- Section C: Technical Skills
- Section D: Social Skills
- Section E: Personal/ Behavioural Skills
- Section F: ICT Skills

Following the completion of the Competence Evaluation Questionnaire, the individual may be invited to use other tools forming part of the ILPO55 Employability Portfolio to further analyse his/her personal skills and competences.

Recommendations for Use

The ILPO55 consortium recommends that the Competence Evaluation Questionnaire is deployed as the second tool in the ILPO55 Employability portfolio process, immediately after the setting up of the Mentoring Plan. The questions are designed to be used in the early stages of the portfolio and aim at gathering the first impressions of the individual on his/her own personal skills. The questionnaire will also introduce the individual to self-reflection and self-evaluation which are constant themes within the Employability Portfolio and which will be experienced further through the use of the other tools making up the portfolio.

The Competence Evaluation Questionnaire should be filled in by the O55 Individual on his/her own (without guidance except for minor clarifications which s/he should be allowed to ask his/her mentor). In parallel to this exercise the Individual can also be introduced to the E-Portfolio and guided through the process of filling it in.

The outcomes of the Questionnaire should be analysed in two stages:

- Stage 1: With the assigned mentor to draw up a summary of the outcome and discuss its implications;
- Stage 2: As part of the Interview planned in stage four of the Employability Portfolio. To review outcome and inform the interviewer on the skills of the individual; and to enable the interviewer to make a better informed assessment on the skills of the individual.

ILPO55 REFERENCE FRAMEWORK - EMPLOYABILITY PORTFOLIO
ILPO55 COMPETENCE EVALUATION QUESTIONNAIRE
SECTION A: PERSONAL DETAILS

Name and Surname		Date of Birth		ID/ Passport Number	
Employment Information	Are you currently in Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Years in Employment	
	Name of Organisation currently employed in			Number of Years in current Organisation	
	Current Role in Organisation			Number of Years in current Role	
Education Background <i>[tick \times as appropriate]</i>	<input type="checkbox"/>	Completed Secondary Level of Education (ISCED 2). <i>(Holders of School Leaving Certificate, MQF/EQF Level 2, MQF/EQF Level 3 fall in this category)</i>			
	<input type="checkbox"/>	Completed Upper Secondary Level of Education (ISCED 3). <i>(Typically completed MQF/EQF Level 4)</i>			
	<input type="checkbox"/>	Completed Post-Secondary non-Tertiary (ISCED 4) <i>(Typically completed MQF/EQF Level 5)</i>			
	<input type="checkbox"/>	Completed the first stage of Tertiary (ISCED 5). <i>(Typically completed MQF/EQF Level 6 or Bachelor's Degree)</i>			
	<input type="checkbox"/>	Completed the second stage of Tertiary (ISCED 6). <i>(Typically completed MQF/EQF Level 7 or Master's Degree)</i>			

SECTION B: MANAGEMENT SKILLS

How do you assess your own skills/ competences regarding the following topics?		1 (Low)	2	3	4	5 (High)
1	Strategic planning and formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Strategy implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Delegation of tasks to teams and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Performance management in terms of planning, conducting, follow up and assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Environmental scanning and analysis for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Managing internal and external relationships with key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Change Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	Risk Identification and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	People Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Cultural Diversity Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Conflict Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: TECHNICAL SKILLS

How do you assess your own skills/ competences regarding the following topics?		1 (Low)	2	3	4	5 (High)
1	General Technical banking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Strategy formulation and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Market and competitor analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Project Development & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Planning and the use of planning tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Assessing financial products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Managing budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Reporting-Making sense of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Quality processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Playing an active role in making meetings productive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Use of Key Performance Indicators (KPI's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Orientation towards customer needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Other financial services skills (excluding banking): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: SOCIAL SKILLS

Which of the following would you select as your personal professional goal?		1 (Low)	2	3	4	5 (High)
1	Dialogue and persuasion capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Organisational awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Relationship building and Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Impact and influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Leading, developing and managing people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Team Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Social Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Market Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Participation in Cooperation Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Others : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: PERSONAL/ BEHAVIOURAL SKILLS						
How do you assess your own skills/ competences regarding the following topics?		1 (Low)	2	3	4	5 (High)
1	Self-Control and Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Flexibility and adaptability to different situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Communicating respectfully during stressful times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Organisational Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Analytical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Conceptual Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Working on own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Understanding of the Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Achievement Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Team working and collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Concern for: order, quality and accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Using time effectively, working on high priority actions first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Emotional Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: INFORMATION AND COMMUNICATION TECHNOLOGY SKILLS

How do you assess your own skills/ competences regarding the following topics?		1 (Low)	2	3	4	5 (High)
1	General Knowledge of Technological Devices: Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	General Knowledge of Technological Devices: Smart Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	General Knowledge of Technological Devices: Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	General Knowledge of Internet Safety (creating strong passwords, browser security, spam, phishing , wifi security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	General Knowledge of Computer Security and Privacy (natural & human threats, best practices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	General Knowledge of digital technology (digital images, videos, sounds, transfer of files to computer from camera or other external device such as USB drive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Use of the Windows Operating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Use of Productivity tools: Word Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Use of Productivity tools: Presentation Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Use of Productivity tools: Spreadsheet Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Use of Productivity tools: Database Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Use of Email software or Webmail services (Microsoft Outlook, gmail, outlook online etc..)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Use of ICT for Communication: Instant Messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Use of ICT for Communication: Social Media (Facebook, Facebook Pages & Groups, Twitter, Instagram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Use of ICT for Communication: Teleconferencing (use of Skype etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17	Use of 'Cloud' Services (Office online, Dropbox, Google Drive, One drive etc..)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Use of Internet: Video Streaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Use of Internet: Search Engines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Use of Internet : Purchasing of Products and Services (online subscriptions for publications or tools, business related shopping and product research)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>