APPENDIX A

General Questionnaire on Life Competencies and Skills

1. Do you think that you are an unhappy person?
2. Are you unwilling to help keep your school grounds neat?
3. Do you think that other people have cheated you in dealings/business?
4. Will you drive a car if you do not have a licence?
5. Do you think technological development threatens your chances to find a job?
6. Do you revolt against rules and regulations?
7. Do you think attending school is unnecessary?
8. Do you feel uneasy if you have to speak in front of other people, e.g. deliver a speech?
9. Do you allow yourself to be influenced by your friends?
10. Do you find it difficult to make independent decisions?
11. Are you often late for appointments?
12. Do you feel that you do not have enough friends?
13. Would you like to change certain of your personal qualities?
14. Do you need a place where you can study conveniently and undisturbed?
15. Do you have a speech or hearing defect?
16. Are you shy of members of the opposite sex?
17. Do you think it is acceptable to smoke?
18. Do you think it is wrong to exercise your body until you are tired?
19. Are you sometimes untidy with regard to your personal appearance?
20. Do you feel unhappy about your body?
21. Do you prefer working for a salary rather than having your own business?
22. Do you find it difficult to solve your problems?
23. Do you feel uncertain about the job you wish to do one day?
24. Do you have doubts about your aptitudes, interests and ideas about careers?
25. Are you uncertain about what you require of your intended job?
26. Do you sometimes experience doubts about your beliefs?
27. Are you confused by ideologies such as capitalism, communism, socialism, etc.?
28. Do you feel ignorant about political affairs?
29. Are you uncertain about the value of your own culture?
30. Do you regard your parents as merely figures of authority?
31. Do you often feel lonely?
32. Have you damaged school property, such as school books/desks by scribbling in or scratching on them?
33. Do you think that people discriminate against you as a person?
34. Are you impatient with other road users, e.g. pedestrians and cyclists?
35. Do you think that careers in the technological field are inferior?
36. Do you avoid taking responsibility for others?
37. Would you like to leave school as soon as possible?
38. Do you find it difficult to get along with others?
39. Do you feel rebellious if your parents refuse to let you have certain persons as friends?
40. Do you find that you need the assistance and guidance of adults (parents/teachers)?
41. Do you feel that your life is disorderly?
42. Do you think it is impossible to plan your money matters and keep to this plan?
43. Are you unhappy with your table manners?
44. Do you think it unnecessary to study according to a fixed programme?
45. Do you find it difficult to talk to other people?
46. Do you wonder about specific sexual questions?
47. Would you drink alcoholic drinks with your friends?
48. Do you think that it is unnecessary to take part in sports?
49. Are you dissatisfied with the amount and quality of food you eat daily?
50. Are you troubled about your body?
51. Is it more pleasant being one of the ordinary team members than being the leader/captain of the team?
52. Do you think the majority of schoolchildren find it impossible to solve their own problems?
53. Do you want assistance on how to apply for a job?
54. Do you need more information about the world of work?
55. Is salary the most important consideration in the choice of a job?
56. Do you believe that only your religious convictions are correct?
57. Are you uncertain about which particular philosophy of life you follow?
58. Do you believe that only your political convictions are correct?
59. Do you believe that cultural differences are usually the cause of friction between different groups?
60. Do you think that parents are old-fashioned as a rule and therefore hinder the social development of young people?
61. Does life make you tense?
62. Will you refuse to help at a hospital/nursery school if you do not receive payment for your services?
63. Do you think that advertisers try to mislead the public?
64. Have you ever driven a vehicle or ridden a bicycle that is not roadworthy, e.g. lights or hooter are not working?
65. Do you need more information about careers in the technological field?
66. Do you find it difficult to be a follower?
67. Do you think that postschool training has little value?
68. Are you uncertain about your real abilities and talents?
69. Would you hesitate to go against your friends’ decisions?
70. Are you confused by the demands made on you by your friends and other people?
71. Do you think it is wrong to plan each day’s programme thoroughly?
72. Do you think it is wrong if schoolchildren do part-time work in order to earn pocket money?
73. Are you sometimes tired mentally?
74. Do you dislike being given homework to do?
75. Are you afraid to look another person in the eyes when talking to him?
76. Would you like to attend a course in sex guidance?
77. Do you know of friends who use drugs?
78. Do you spend too much time on recreation and sport?
79. Do you feel uncomfortable to attend church services?
80. Do you feel self-conscious about your body?
81. Is it wrong to risk your money on an undertaking that has a 50% chance of failing?
82. Are you afraid to make important decisions?
83. Are you afraid that you may possibly lose your job one day?
84. Do you find it difficult to make a decision about a job?
85. Would you hesitate to work in a job where you have to teach or care for other people?
86. Do you find it difficult to form an opinion on religion?
87. Do you have doubts about whether the various philosophies of life make room for religion?
88. Do you find it difficult to form an opinion on politics?
89. Do you doubt whether members of a group should adhere to their own culture at all costs?
90. Do you prefer to leave your parent’s home as soon as possible and to be self-supporting?
91. Are you unhappy with yourself?
92. Have you ever behaved yourself badly in the streets by screaming and making noise?
93. Have you ever wondered if the death sentence is unjust?
94. Are you unsure with the meanings of most traffic signs?
95. Will you avoid following an occupation in a technological field?
96. Do your friends find it difficult to regard you as a leader?
97. Do you think it is more desirable to work than to attend school?
98. Are you often dissatisfied with yourself?
99. Do you regard it as essential for your friends to accept you?
100. Are you uncertain about where you are going in life?
101. Are you uncertain about your occupational possibilities?
102. Would you buy something you badly want on credit?
103. Do you experience tension at home and/or at school?
104. Do you experience problems with your studies?
105. Do you find it difficult to talk to a person in another language?
106. Do you think a homosexual relationship is acceptable?
107. Have you ever used cigarettes/liquor/drugs?
108. Are you afraid to study so hard that you become mentally tired?
109. Do you think going to performances/shows/sports meetings is a waste of time?
110. Do you often wish that you would be complimented on your appearance or physique?
111. Do you think your friends are better equipped for the business world than you are?
112. Do you think it is impossible to learn how to make wise decisions?
113. Are you concerned about the country’s unemployment situation?
114. Are you still uncertain about what your career plan should be?
115. Do you think it is unnecessary to always reach the highest level in a chosen job?
116. Do you sometimes feel the need to discuss your religious doubts with someone?
117. Do you sometimes wonder whether there is one correct philosophy of life?
118. Do you sometimes want to discuss your political uncertainty with someone?
119. Do you think that the mixing of groups causes cultural impoverishment?
120. Do you find it difficult to communicate with your parents?
121. Do you think life is more important to other people than it is to you?
122. Are you dissatisfied because you will have to pay tax?
123. Are you unsure about your rights as a person?
124. Do you think that traffic officers have an inferior job?
125. Are you unsure about what technological developments hold in store for you?
126. Have you ever been discharged from a leadership position you have held?
127. Do you consider postschool training unnecessary?
128. Do you find it difficult to communicate with members of the opposite sex?
129. Do you have problems making good friends and keeping them?
130. Do you find it difficult to adjust to the changing world?
131. Do you feel that your school life is unorganized?
132. Are you worried that you will earn too little to care for yourself one day?
133. Do you feel that life is making too many demands on you?
134. Do you think that you can do better in your school subjects than is the case at present?
135. Do you think other people find it difficult to understand when you tell or explain something to them?
136. Do you avoid talking to your parents about sexual matters?
137. Do you think smoking/drinking/taking drugs can sometimes be a good thing?
138. Do you think it is unhealthy to study hard?
139. Do you feel that you have fewer belongings than most other people you know?
140. Do you think that some physical disability may make it difficult for you to find a suitable occupation?
141. Are you so afraid of failure that you fail to tackle a task?
142. Would you like to learn more about ways to make better decisions?
143. Do you think a personal interview requires special preparation?
144. Do you want assistance to implement your career plan?
145. Is it wrong to choose a job which offers a great deal of free time?
146. Do you disapprove of people who adhere to religions other than your own?
147. Are you sure that your philosophy of life has already been established and will not change?
148. Do you mistrust all politicians?
149. Do you think one culture acquires mainly the negative from another culture?
150. Do you think unfair that children have to do tasks at home?

STOP HERE
APPENDIX B

LAZARUS' ADAPTED LIFE HISTORY QUESTIONNAIRE

Purpose of this questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background. In scientific work, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic programme. You are requested to answer these routine questions in your own time instead of using up your actual consulting time.

It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. Case records are strictly confidential. No outsider is permitted to see your case record without your permission.

* * * * * * *

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

1. General:
   Name: ............................................
   Address: ..........................................
   ...................................................
   ...................................................
   ...................................................
Telephone numbers: (day)........................
          (evenings)........................
Age .............. Occupation : ..................
By whom were you referred? .................
List people with whom you are now living: ....
.............................................
.............................................
Do you live in a house, hotel, room, etc.?........
Marital status : (circle answer)
Single; engaged; married; remarried; separated;
divorced; widowed.
If married, husband’s (wife’s) name, age, occupation?
.............................................
Religion and Activity
(a) in childhood : ..............................
(b) as an adult : ..............................

2. Clinical

a) State in your own words the nature of your
   problems and their duration:
   .............................................
   .............................................
   .............................................
   .............................................
   .............................................
   .............................................

b) Give a brief account of the history and
   development of your complaints (from onset to
   present): .....................................
   .............................................
   .............................................
   .............................................
c) On the scale below please estimate the severity of your problem(s):
mildly upsetting ......................
moderately severe ......................
very severe ..........................
extremely severe .....................
totally incapacitating .................

d) Whom have you previously consulted about your present problem(s)?:..............................

e) Are you taking any medication? Yes/No  If Yes, what, how much and with what results?:.............

3. Personal data

a) Date of birth: ............ Place of birth:........
b) Mother’s condition during pregnancy (as far as you know): ................................................
c) Underline any of the following that applied to you during your childhood:
   Night terrors  Bedwetting  Sleepwalking
   Thumb sucking  Nail biting  Stammering
   Fears  Happy childhood  Unhappy childhood
   Any others:...................................

d) Health during childhood?
   List illnesses:..............................
   ................................................

e) Health during adolescence?
   List illnesses: ..............................
   ................................................
f) Your height? .......... Your weight? ...........

g) Any surgical operations? (Please list them and give age at the time): ..........................

h) Any accidents?: .................................. 

i) List your five main fears:
1. ................................................................
2. ................................................................
3. ................................................................
4. ................................................................
5. ................................................................

j) Underline any of the following that apply to you:
- headaches
- palpitations
- bowel disturbances
- anger
- nightmares
- feel tense
- depressed
- unable to relax
- don’t like weekends and vacations
- can’t make friends
- can’t keep a job
- financial problems
- excessive sweating
- concentration

- dizziness
- stomach trouble
- fatigue
- take sedatives
- feel panicky
- conflict
- suicidal ideas
- overambitious
- inferiority
- can’t make feelings
- memory problems
- loneliness
- often use
- unable to have aspirin or painkillers
- bad home conditions
- take drugs
- sexual problems
- list others:........................................

- no appetite
- insomnia
- feel panicky
- alcoholism
- conflict
- suicidal ideas
- take drugs
- sexual problems
- list others:........................................

- tremors
- take drugs
- sexual problems
- list others:........................................

- alcoholism
- tremors
- take drugs
- sexual problems
- list others:........................................

- anxious
- feel panic
- conflict
- suicidal ideas
- take drugs
- sexual problems
- list others:........................................
k) **Underline** any of the following words which apply to you:
Worthless, useless, a "no body", "life is empty",
Inadequate, stupid, incompetent, naive, "can’t do anything right"
Guilty, evil, morally wrong, horrible thoughts,
Hostile, full of hate,
Anxious, agitated, cowardly, unassertive, panicky,
Aggressive,
Ugly, deformed, unattractive, repulsive
Depressed, lonely, unloved, misunderstood, bored,
Restless,
Confused, unconfident, in conflict, full of regrets,
Worthwhile, sympathetic, intelligent, attractive,
Confident, considerate. List others: ..................
..............................................................

l) Present interests, hobbies, and activities:......
........................................................................
........................................................................

m) How is your free time occupied? ...............  
........................................................................  

n) What is the last grade of school that you completed? ........................................

o) Scholastic abilities; strengths and weaknesses: ..  
........................................................................
........................................................................

p) Were you ever bullied or severely teased?:........
........................................................................

q) Do you make friends easily? ......................
Do you keep them?.................................
4. Occupational data
a) What sort of work are you doing now? ............. 
b) Kinds of jobs held in the past? .................. 
c) Does your present work satisfy you? Yes / No. (If no, in what ways are you dissatisfied?)
d) What do you earn? ......................................
   How much does it cost you to live? ............... 
e) Ambitions?: ..........................................
   Past: ................................................
   Present: ............................................

5. Sex information
a) Parental attitudes towards sex (e.g., was there sex instruction or discussion in the home?) ......
   ................................................................
b) When and how did you derive your first knowledge of sex? ............................................
   ................................................................
c) When did you first become aware of your own sexual impulses? .............................................
   ................................................................
d) Did you ever experience any anxieties or guilt feelings arising out of sex or masturbation? Yes / No (If Yes, please explain) .............................................
   ................................................................
e) Any relevant details regarding your first or subsequent sexual experience: ........................
   ................................................................
f) Is your present sex life satisfactory? Yes / No
   (If no, please explain): .................................................................
   .........................................................................................................

g) Provide information about any significant heterosexual reactions: .................................
   .........................................................................................................

h) Provide information about any significant homosexual reactions: .................................
   .........................................................................................................

i) Are you sexually inhibited in any way?: ........
   .........................................................................................................

6. Menstrual history

   Age at first period? .................................................................
   Were you informed or did it come as a shock?  ....
   .........................................................................................................
   Are you regular? .................... Duration: ........
   Do you have pain? ............ Date of last period: ..
   Do your periods affect your moods? ............
   .........................................................................................................

7. Marital history

   How long did you know your marriage partner before engagement? ............................
   How long have you been married? ....................
   Husband’s / wife’s age: .................................
   Occupation of husband / wife: ........................
a) Personality of husband or wife (in your own words): ..........................................

b) In what areas is there compatibility? ...................

..........................................................

c) In what areas is there incompatibility? .............

..........................................................

d) How do you get along with your in-laws? (This includes brothers and sisters-in-law) ...........

How many children have you? .....................
Please list their sex and ages: .....................

..........................................................

e) Do any of your children present special problems?

..........................................................

f) Any relevant details regarding miscarriages or abortions? .................................

..........................................................

g) Comments about any previous marriage(s) and brief details: ..................................

..........................................................

8. Family data

a) Father:
   Living or deceased? ..............................
   If deceased, your age at the time of his death? ..
   ..........................................................
   Cause of his death? ..............................
   If alive, father’s present age? ..................
   Occupation: ......................................
   Health: ..........................................
b) Mother:
   Living or deceased? .............................
   If deceased, your age at the time of her death? ..
   ...................................................
   Cause of her death? .............................
   If alive, mother’s present age? ...............  
   Occupation: .....................................
   Health: .........................................

c) Siblings:
   Number of brothers: ..... Brothers’ ages: ......
   Number of sisters: ..... Sisters’ ages: .........

d) Relationship with brothers and sisters:
   1) past: .............................
       ...........................................
   2) present: .............................
       ...........................................

e) Give a description of your father’s personality and his attitude towards you (past and present):
   ............................................
   ............................................

f) Give a description of your mother’s personality and her attitude towards you (past and present):
   ............................................
   ............................................

g) In what ways were you punished by your parents as a child? .............................
   ............................................
   ............................................
h) Give an impression of your home atmosphere (i.e., the home in which you grew up. Mention state of compatibility between parents and between parents and children) ...........................................

i) Were you able to confide in your parents?: ......

j) Did your parents understand you? .................

k) Basically, did you feel loved and respected by your parents?: ................................
If you have a step-parent, give your age when parent remarried: .................................

l) Give an outline of your religious training: ..... 

m) If you were not brought up by your parents, who did bring you up, and between what years? ......

n) Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? ..

o) Who are the most important people in your life? ..

p) Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder"? ..........................

q) Are there any other members of the family about whom information regarding illness, etc. is relevant? ..........................
r) Recount any fearful or distressing experiences not previously mentioned? ................................................................. .................................................................

s) List the benefits you hope to derive from counselling: ................................................................. ................................................................. .................................................................

t) List any situations which make you feel calm or relaxed: ................................................................. ................................................................. .................................................................

u) Have you ever lost control (e.g., temper or crying or aggression)? If so, please describe: ................................................................. ................................................................. .................................................................

v) Please add any information not tapped by this questionnaire that may aid your counsellor in understanding and helping you: ......................... ................................................................. .................................................................

9. Self-description (Please complete the following):

a) I am a person who .................................................
b) All my life ............................................................
c) Ever since I was a child ...........................................
d) One of the things I feel proud of is ...............
e) It’s hard for me to admit..........................
f) One of the things I can’t forgive is .............
g) One of the things I feel guilty about is .........
h) If didn’t have to worry about my image ........
i) One of the ways people hurt me is .............
j) Mother was always ................................
k) What I needed from mother and didn’t get was ....
l) Father was always ................................
m) What I wanted from father and didn’t get was ....
n) If I weren’t afraid to be myself, I might ........
o) One of the things I am angry about is ...........
p) What I need and have never received from a   
  woman/man is ...................................
q) The bad thing about growing up is ..............
r) One of the ways I could help myself but don’t is..

10. Multi-modal counselling approach

a) What do you consider to be your most rational 
  thought or idea? ....................................
  ......................................................
  ......................................................
What do you consider to be your most irrational 
  thought or idea? ....................................
  ......................................................
  ......................................................
What are your major intellectual interests and 
  pursuits? ...........................................
  ......................................................
  ......................................................
b) What makes you sad, or angry, or glad, or scared? Please specify: ...........................................
...........................................................................
...........................................................................
Are you troubled by anxiety, or guilt or anger, or depression, etc.? Please specify: ....................
...........................................................................
...........................................................................
What do you do when you feel in a certain way? Please specify: ............................................
...........................................................................
...........................................................................

c) What actions are getting in the way of your happiness? .........................................................
...........................................................................
...........................................................................
What would you like to start doing? ................
...........................................................................
...........................................................................
What would you like to stop doing? ................
...........................................................................
...........................................................................

d) What would you like to become? ................
...........................................................................
...........................................................................
How do you plan to become that?.................
...........................................................................
...........................................................................
Which career options remain open for you and in which way are they open? .......................
e) What concerns do you have about your health? ....

What are your habits concerning diet and physical fitness exercises? ..............................................................

Do you take any medication, intoxicating drinks, drugs, etc.? ..............................................................

f) How would you describe yourself? ..........................

What are your likes and dislikes regarding your self-image and body image? ..........................

What do you picture yourself doing in the immediate future and in five years from now? ....

g) Who are the significant people in your life? ....

How would you describe your relationships with the significant people in your life? ............

What are your expectations of the significant people in your life? ..............................
h) How would you prioritize your first five immediate needs? .................................................................

How would you prioritize your first five needs in five years from now? .................................................................

How do you usually satisfy your needs? ........

What are your beliefs and values in terms of your whole life? .................................................................

What do you regard as the most important decision points in your whole life? ........

How do you take responsibility for yourself? ...

11. Your expectations about counselling

a) What personal characteristics do you think the ideal counsellor should possess? ................

b) How would you describe an ideal counsellor’s interactions with his clients? ................
c) What do you think counselling should do for you?
   ........................................................................................................
   ........................................................................................................
   d) How long do you think your counselling should last?
   ........................................................................................................
   ........................................................................................................
   e) In a few words, what do you think counselling is all about?
   ........................................................................................................
   ........................................................................................................

12. Briefly give a word-picture of yourself as would be described:

   a) By yourself: .................................................................
   b) By your spouse (if married):.................................
   c) By your best friend: .................................................
   d) By someone who dislikes you:.........................

THE END
JOB DESCRIPTIONS

THIS IS THE FIRST SCREEN OF THIS DESCRIPTION

PRESS PgDn to continue

ATTORNEY

1. WHAT IS THE NATURE OF THE WORK, WHAT TOOLS/EQUIPMENT ARE USED AND WHAT IS THE WORK SETTING LIKE?
2. WHAT ARE PERSONAL REQUIREMENTS, ADVANTAGES AND DISADVANTAGES?
3. WHAT ARE THE SCHOOL SUBJECTS, LEVEL OF SCHOOLING AND EDUCATIONAL/TRAINING REQUIREMENTS?
4. WHAT EMPLOYERS, AREAS OF SPECIALIZATION AND RELATED OCCUPATIONS ARE THERE?
5. WHAT ARE SALARIES, ADVANCEMENT AND FUTURE PROSPECTS LIKE?
6. HOW CAN I GET ADDITIONAL INFORMATION ON THIS OCCUPATION?

I WANT TO ADD THIS OCCUPATION TO MY CURRENT LIST OF OCCUPATIONS (For more information see MAKING A LIST OF OCCUPATIONS)

HOW DOES THIS OCCUPATION MATCH WITH MY INTERESTS? (Only applicable if you have completed the SAVII)
ATTORNEY

1A DESCRIPTION OF THE OCCUPATION AND WORK TASKS/ACTIVITIES

Attorneys, also known as lawyers, give legal advice to their clients regarding rights and obligations. They may also serve businesses, institutions, local authorities, the government or individuals. Although attorneys’ specialities determine actual duties, basic activities are performed by most lawyers. Attorneys consult with clients to determine the nature of their problems and then give advice. These activities may fall into one of three main categories:

- acting as agents/representatives of any person in an action in a court of law by pleading or arguing a case whether civil or criminal
- drafting legal documents
- administering deceased estates and clients’ affairs.

An attorney can handle civil or criminal cases for his client.

PRESS the _minus(-)_ key to select another option

ATTORNEY

1B DESCRIPTION OF THE TOOLS/EQUIPMENT USED AND WORK SETTING

Attorneys work with:
counsels' briefs, reports, and administrative documents
- wills, trusts, contracts, title deeds, mortgages and other legal documents
- government laws and regulation ordinances
- reference books
- clients' records
- statements by witnesses.

Attorneys work in a variety of settings. Most law offices are quiet, comfortable and appealing to the public. Attorneys also travel to courtrooms, record rooms and jail cells. Some attorneys teach in law schools.

PRESS the _minus(-)_ key to select another option ATTORNEY

2A PERSONAL REQUIREMENTS NEEDED IN THIS OCCUPATION

Attorneys should:
- enjoy working with people
- be able to communicate well both in writing and in speech
- be able to reason logically
- be able to interpret problems quickly and correctly
- be persons of absolute honesty, integrity and reliability.

Attorneys should also have:
- a logical mind
- physical stamina
- above average intelligence.

PRESS _PgDn_ to continue ATTORNEY

2B ADVANTAGES AND DISADVANTAGES OF THIS OCCUPATION

Some satisfying aspects of this occupation include:
- being respected members of one's community
- the challenge and variety of the occupation
- working with people
- being able to have one's own practice
- the financial rewards of successful practice.
Demanding aspects of this occupation can be:

- working long hours, evenings, and weekends preparing cases and talking to clients
- the years of study required before they can practise
- the competition and pressure in this field.

PRESS the **minus(-)** key to select another option.

**ATTORNEY**

3A SCHOOL SUBJECTS AND LEVEL OF SCHOOLING REQUIRED FOR THIS OCCUPATION

A high school course leading to a Matriculation Exemption Certificate should be followed. Accountancy will be helpful.

PRESS **PgDn** to continue

**ATTORNEY**

3B POSSIBLE WAYS OF GETTING TRAINING FOR THIS OCCUPATION

The training of attorneys consists of legal and practical training. Legal training is offered by most South African universities, while the practical training is obtained in the office of a practising attorney. Matriculation exemption is the minimum qualification needed to enter as an articled clerk with a practising attorney. This learning period extends over five years during which the required degree course can be taken part-time. For students with an LL.B or B.Proc. degree, two years’ practical training is required. In addition the student must also pass an examination on legal practice and procedures, practical accounting for attorneys, and the functions of an attorney set by a provincial law society. To be allowed to
practise as an attorney, all candidates must register with a law society after having passed the examinations.

PRESS the _minus(-)_ key to select another option

ATTORNEY

4A POSSIBLE EMPLOYERS

Most attorneys are in private practice either on their own or as partners in law firms.

Other attorneys are employed by:

- Business firms
- Central, provincial or local government
- Law schools.

PRESS _PgDn_ to continue

ATTORNEY

4B AREAS OF SPECIALISATION

Specialities within this field include:

- Legal advisers
- Civil attorneys
- Commercial attorneys
- Patent attorneys
- Conveyancers
- Notaries
- Criminal attorneys
- Real estate attorneys.

PRESS _PgDn_ to continue
ATTORNEY

4C RELATED OCCUPATIONS

Some related occupations include:
- Advocates
- Magistrates
- Insurance claims assessors
- State prosecutors
- Tax consultants.

PRESS the _minus(-)_ key to select another option

ATTORNEY

5A SALARY RANGE

According to research by the HSRC on the income of male graduates as at 1 March 1990, the situation in respect of attorneys is as follows:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Median age</th>
<th>50% earn between:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>36</td>
<td>R 74 500 and R102 300 per annum</td>
</tr>
<tr>
<td>Private</td>
<td>31</td>
<td>R 36 000 and R63 100 per annum</td>
</tr>
<tr>
<td>Self-employed</td>
<td>44</td>
<td>R 72 000 and R150 000 per annum</td>
</tr>
</tbody>
</table>

In all three sectors 25% of the survey group indicated that they earn more than the top salary given above while 25% indicated that they earn less than the lower salary given above.

Use the _Tab_key_ and _ENTER_ for the meaning of median

OR

PRESS _PgDn_ to continue
5B OPPORTUNITIES FOR ADVANCEMENT

Since most attorneys go into private practice, advancement takes the form of an increased number of clients. Attorneys in private industry and government may be promoted to heads of legal staff.

PRESS PgDn to continue

ATTORNEY

5C FUTURE PROSPECTS

Because of the wide range of specialities open to attorneys, the prospects for work are good. Among others, qualified attorneys may work as notaries, conveyancers, town clerks, legal advisers and debt-collectors. Attorneys must continue their education throughout their careers and must keep up with the latest changes in law, as well as read professional journals.

According to the Manpower Survey (1989) there were 6 619 people working as attorneys and 63 vacancies.

PRESS the minus(-) key to select another option

ATTORNEY

6A BOOKS AND PAMPHLETS THAT MAY BE HELPFUL

- My Career Guide 1989, Department of Manpower, Private Bag X117, Pretoria 0001
- Study opportunities at universities and possible initial occupations 1990/1991, HSRC, Private Bag X41, Pretoria 0001.

ATTORNEY

6B ADDRESSES YOU CAN WRITE TO FOR MORE INFORMATION

- The Law Societies in Pretoria, Cape Town, Bloemfontein and Pietermaritzburg
- The Secretary, Department of Justice, Private Bag X81, Pretoria 0001.

ATTORNEY

6C WHAT YOU COULD DO TO GET SOME DIRECT EXPERIENCE OF THIS OCCUPATION

- Arrange to speak to a attorney to obtain first-hand information about this field
- Try to obtain vacation work in a law office
- Attend open court sessions
- Join a debating society and take part in discussions.
SUMMARY

Title: School Guidance and multi-modal counselling for secondary school students

Candidate: Olebogeng Ralesenya Daniel Molefe

Promoter: Prof. Dr C.D. Jacobs

Faculty: Education

Department: School Guidance

Degree: Ph. D.

This investigation aims at determining the contributions of school guidance and multi-modal counselling service for the South African secondary school students' acquisition of life competencies and skills.

The empirical research consisted of:

*** A nomothetic investigation which indicated that many of the sample group students fall far short of almost all of the thirty subfields of the life skills questionnaire, and that they can be helped to acquire both multi-modal counselling and life skills.

*** An idiographic research involving nine counsellees also confirmed these results.
OPSOMMING

Titel : Skoolvoorligting en multi-modale oriëntering van sekondêre skoolleerlinge
Kandidaat : Olebogeneng Ralesenya Daniel Molefe
Promotor : Prof Dr CD Jacobs
Fakulteit : Opvoedkunde
Departement : Skoolvoorligting
Graad : PhD

Die doel met die onderhawige ondersoek is om aan te dui wat die bydrae van skoolvoorligting en ‘n multi-modale benadering is.

Sekondêre skoolleerlinge is by ‘n empiriese ondersoek betrek. Aan die hand van ‘n vraelys is vasgestel wat hierdie leerlinge se besondere lewensbehoeftes is. Leerlinge wat uitvalle ten aansien van bepaalde lewenskundighede en -vaardighede toon, is by ‘n multi-modale hulpverleningsprogram betrek.

Die uitkomste van die hulpverlening toon duidelik aan dat ‘n multi-modale benadering in sinsamehang met die beginsels van skoolvoorligting, ‘n bydrae kan lewer om sekondêre skoolleerlinge toe te rus om alledaagse probleme die hoof te kan bied.
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THE STAR WEDNESDAY JANUARY 27 1993.


