



HAISLA NATION COUNCIL

Education & Employment

ACTIVE MEASURES PROGRAM

Liz Robinson, Active Measures Coordinator
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Last name:	First name:	Gender: M / F	
Address:	City:	Province:	Postal code:
How long have you lived at this address: _____			
If under 6 months, please indicate previous address: _____			
Referred by: _____			
Home phone: _____		Cell : _____	
(Telephone or contact number is required to contact you for an intake session)			
Email: _____		Birthdate: _____	
Aboriginal ancestry: Y / N		Haisla Band Member: Y / N	
Status number: _____			
Emergency contact person: _____		Emergency contact number: _____	
Do you have a driver's license? YES _____ NO _____			
Are you currently employed:		Yes _____ No _____	
Are you in receipt of EI:		Yes _____ No _____	
Have you received EI in the last 3 years:		Yes _____ No _____	
Have you received Mat or Paternity leave in the last 5 years:		Yes _____ No _____	
Are you currently on BC Benefits (SA):		Yes _____ No _____	
If yes, how long have you been on SA? _____			
Current Marital Status:			
Single <input type="checkbox"/>	Common-law <input type="checkbox"/>	Married with children <input type="checkbox"/>	
Single with children <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Number of Dependents:			
Who are living with you _____		Do you require child care assistance Y / N	
Who are living elsewhere _____			

<p>Education:</p> <p>Highest Grade completed: _____ Dogwood certificate <input type="checkbox"/> GED or equivalent <input type="checkbox"/></p> <p>College/University <input type="checkbox"/> If yes, what program? _____ Completed? Y / N</p>
<p>Work History:</p> <p>Employer: _____ Employer: _____</p> <p>Job Title: _____ Reason for leaving: _____</p> <p>Length of employment: _____ Job Title: _____</p> <p>Reason for leaving: _____ Length of employment: _____</p> <p>Do you have a current resume: Y / N</p> <p>Can you provide an employer with 3 references? Y / N</p> <p>Have you attended any certification training within the last year? Y / N</p> <p>NOTE: It is only for our information, it will not affect your application.</p> <p>Have you attended Active Measures previously? Y / N</p>
<p>Personal</p> <p>What are the two biggest challenges you have faced in the last year?</p> <p>_____</p> <p>_____</p>
<p>What challenges or improvements have you made in the last six months?</p> <p>_____</p> <p>_____</p>
<p>How do you contribute to the community?</p> <p>_____</p> <p>_____</p>
<p>What are your fears about attending the life skills program?</p> <p>_____</p> <p>_____</p>
<p>What changes do you see are needed in your life?</p> <p>_____</p> <p>_____</p>
<p>What are your immediate goals for this program?</p> <p>_____</p> <p>_____</p>

<p>How would you contribute to this program? For example, arriving on time, active participation, set up & clean up, positive attitude.</p> <p>_____</p> <p>_____</p>
<p>How might you self-sabotage yourself in completing this program?</p> <p>_____</p> <p>_____</p>
<p>What are your strengths?</p> <p>_____</p> <p>_____</p>
<p>What are your weaknesses?</p> <p>_____</p> <p>_____</p>
<p>What are your abilities? (skills, talents, etc)</p> <p>_____</p> <p>_____</p>
<p>What do you want to focus on in this program?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>In your own words, what are your presenting challenges?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Any major problems in your life situation related to drugs and/or alcohol?</p> <p>Physical health <input type="checkbox"/> Family and friends <input type="checkbox"/> OTHER? <input type="checkbox"/></p> <p>Financial debt <input type="checkbox"/> Housing <input type="checkbox"/> If so please advise</p> <p>Legal <input type="checkbox"/> Employment <input type="checkbox"/></p>
<p>Have you ever attended residential school? Y / N</p> <p>If “yes” for how long?</p> <p>If “yes” describe how the residential school experience affects your life today? Answer any way that fits for you.</p> <p>_____</p> <p>_____</p>

Do you have difficulty reading? Y / N

Do you have difficulty writing? Y / N

Hobbies and activity interests

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please indicate by number 1-5
No problem=1 Mild problem=2 Medium problem=3 Difficult=4 Very difficult=5

Self Esteem	_____	Family Problems	_____
Confidence	_____	Authority figures	_____
Legal	_____	Alcohol/Drugs	_____
Grief	_____	Lack of energy	_____
Racism	_____	Conflict with others	_____
Finances	_____	Physical health problems	_____
Daycare	_____	Transportation	_____

Additional information

Administration only

Date of Intake Interview: _____

Interviewed by: _____

Accepted: Yes____No____

Start date: _____

Please submit application to:

Liz Robinson
Active Measures Coordinator
Haisla Nation Council
Education & Employment
1352 Alexander Ave.
Kitimat, BC V8C 1A2