

Keep Moving Forward



LAND BASED HEALING



Haisla Nation Council  
Culture and Language Department  
**LAND-BASED HEALING PROGRAM**  
Liz Robinson, Coordinator/Instructor  
Phone: (250) 639-4004  
Email: [lrobinson@haisla.ca](mailto:lrobinson@haisla.ca)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Do you speak Haisla/Henaksiala? Yes / No

Do you have any experience harvesting traditional foods or medicines? Yes / No  
If you answered yes, please list items: \_\_\_\_\_

Referred by: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Telephone or contact number is required to contact you for an intake/announcement**

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Aboriginal ancestry: Yes / No Haisla Band Member: Yes / No

Status number: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Do you have a driver's license? Yes / No

**FOR THE PURPOSE OF MONITORING (ANONYMOUS) PROGRESS IN OUR COMMUNITY**

Do you plan to either return to education program  or, seek employment

Are you in receipt of EI: Yes / No

Are you currently on BC Benefits (SA): Yes / No

**If yes, how long have you been on SA?** \_\_\_\_\_

Current Marital Status:

Single

Common-law

Married with children

Single with children

Number of Dependants living with you: \_\_\_\_\_

Do you require childcare assistance Yes / No

**Personal**

What are the two biggest challenges you have faced in the last year?

\_\_\_\_\_  
\_\_\_\_\_

What lifestyle changes have you made in the last six months?

\_\_\_\_\_  
\_\_\_\_\_

How do you contribute to the community?

\_\_\_\_\_  
\_\_\_\_\_

What is your focus in learning our cultural practices, harvesting and language ways?

\_\_\_\_\_  
\_\_\_\_\_

What do you know and understand about what it means to be Haisla/Henaksiala?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this healing program?

\_\_\_\_\_  
\_\_\_\_\_

How would you contribute to this program? For example, arriving on time, active participation, set up & clean up, positive attitude. Sharing your knowledge, skills and stories of our culture and traditions.

\_\_\_\_\_  
\_\_\_\_\_

How might you self-sabotage yourself in completing this program?

\_\_\_\_\_  
\_\_\_\_\_

What keeps you going when life gets tough?

\_\_\_\_\_  
\_\_\_\_\_

Who taught you our Haisla/Henaksiala ways of doing, thinking, and behaving as you grew up?

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What are your hobbies and interests?

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Please rate the following list of activities, 1 is your first choice, 9 is of least interest to you in this program.

- Harvesting processing, storing, and cooking seafood.
- Wood carving
- Language, History, and maps of our territory
- Learning about plant harvesting, processing, and uses as medicines.
- Trapping, drying, or tanning hides and using it for a project.
- Berry picking, making jelly, jam, or juicing.
- Mental health and family dynamics related to our colonization and residential school.
- Hunting, processing, storage, and cooking of wild game.
- Iron Chef competition using our harvested foods at the end of the program (PRIZE)

Any major problems in your life situation related to drugs and/or alcohol?

- Physical health       Family and friends       OTHER: \_\_\_\_\_
- Financial debt       Housing
- Legal       Employment

Have you or a family member ever attended residential or day school? Yes / No

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Do you have difficulty reading? Yes / No

Do you have difficulty writing? Yes / No

PLEASE MAKE ANY SUGGESTIONS OR COMMENTS ABOUT WHAT YOU WOULD LIKE TO:  
LEARN IN THIS PROGRAM

WHERE YOU WOULD LIKE TO HAVE THIS PROGRAM LOCATED

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

\_\_\_ Edibles/Cannabis use

\_\_\_ Racism

\_\_\_ Conflict with others

\_\_\_ Finances

\_\_\_ Physical health problems

\_\_\_ Daycare

\_\_\_ Transportation

Additional information you may want only the coordinator to know:

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***Administration only***

Date of Intake Interview: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Accepted: Yes / No

Start date: \_\_\_\_\_

**Please submit application and contact Liz Robinson for an interview.**

Land-Based Healing Coordinator/Instructor

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Phone: 250-639-4004