

Aboriginal Skills Training Initiative Intake Form (Final Draft)

WELCOME & INFORMATION MESSAGE

We want to ensure that the program is addressing its goal to support you in getting the right training and skills to access employment opportunities in B.C.

We hope you will complete this form because the information could benefit you, your family and your community. There will also be an Outcomes Form to complete at the end of your training program. Your answers will also be used to improve the program.

It will take approximately 10 to 15 minutes to complete this form. We appreciate your feedback and thank you for taking the time to provide your input. The information you provide will only be accessible to your community administrators.

SECTION A. PRE-TRAINING PROFILE

- I. What is the name of your current training program? _____
- II. Which community do you live in? _____

A1. Which of the following best describes your employment status prior to starting your training program?

1. Working (with or without pay) at a job or business, including self-employment
2. Not working, but looking for work [GO TO A5]
3. Not working, and not looking for work [GO TO A4]
4. Other (please specify): _____ [GO TO A5]

A2. Did you work at more than one job or business?

1. Yes
2. No
3. Other (please specify): _____

A3. Including all jobs, were you working...

1. Full time (30 or more hours a week)
2. Part time (less than 30 hours a week)
3. Other (specify i.e., seasonal work, contract): _____

[GO TO A5]

A4. For what reasons were you not looking for work? SELECT ALL THAT APPLY

1. Attending school or training
2. Scheduled to start a job in the future, including seasonal work and temporary layoff
3. Scheduled to start training in the future
4. Household or family responsibilities, for example, child and/or elder care
5. Illness or disability
6. Traveling and/or being on vacation (i.e., leisure activities)
7. Cultural activities (i.e., hunting, camps)
8. Other (specify): _____

A5: Before starting your training program, were you receiving income from any of the following source(s)? SELECT ALL THAT APPLY

1. Employment, including wages, salaries, commissions, and tips
2. Self-employment, including wages salaries, commissions, and tips
3. Employment insurance
4. Provincial or Federal social assistance or welfare, including disability
5. Pension (e.g., Canada Pension Plan, job-related retirement pensions)
6. Old Age Security and Guaranteed Income Supplement
7. Other sources (specify): _____
8. I did not receive income from any sources in the last three months.

SECTION B. CAREER GOALS

B1: Would you say you have a long-term career goal(s)?

1. Yes
2. No [GO TO B4]

B2: What is/are your long-term career goal(s)? For example, what do you want your job to be when you reach your long-term career goal?

B3: On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statement.

	Strongly Disagree					Strongly Agree				
	1	2	3	4	5	1	2	3	4	5
This training program will help me achieve my long-term career goal(s).										

B3 a) Is there anything else you'd like to add? (specify): _____

B4: Which of the following best describes what you intend to do once you have completed the training program? **CHOOSE ONE:**

1. Find work related to your current program
2. Find work unrelated to your current program
3. Attend more training related to your current program **[GO TO B6]**
4. Attend training unrelated to your current program **[GO TO B6]**
5. Start a business **[GO TO SECTION C]**
6. Other (specify): _____

B5: Would you move to another city or town for work?

1. Yes
2. No

B6: Would you move to another city or town to attend further training?

1. Yes
2. No

SECTION C. CHALLENGES/BARRIERS TO EMPLOYMENT

C1: The following statements relate to employment challenges or barriers you may have faced **prior to beginning your training program**.

Prior to beginning your training program, have any of the following affected your employment?

a. Financial hardship (i.e., don't want to lose supports such as Income Assistance)	No	Yes
b. Recovery from violence or abuse	No	Yes
c. Physical, mental or developmental disabilities or challenges	No	Yes
d. No driver's license	No	Yes
e. Lack of transportation	No	Yes
f. Lack of childcare or family care	No	Yes
g. Travel distance to a job	No	Yes
h. Family responsibilities	No	Yes
i. Lack of work experience	No	Yes
j. Lack of tools/work gear/work appropriate clothing	No	Yes
k. No phone	No	Yes
l. No home address	No	Yes
m. Racism	No	Yes
n. Discrimination because of my gender, ethnicity or disability	No	Yes
o. Substance use	No	Yes
p. Lack of stable housing	No	Yes
q. Education level	No	Yes
r. Literacy or numeracy	No	Yes
s. A criminal record or legal issues (i.e., restraining order)	No	Yes
t. Lack of support (i.e., family support)	No	Yes
u. Other, please specify: _____		

SECTION D. PERSONAL WELL-BEING

D1: These statements relate to your overall personal well-being.

On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statements.

	Strongly Disagree	1	2	3	4	Strongly Agree	Don't Know
a. Overall, I have a lot to be proud of.	1	2	3	4	5	DK	
b. A lot of things about me are good.	1	2	3	4	5	DK	
c. When I do something, I do it well.	1	2	3	4	5	DK	
d. I feel that I am in balance in the four aspects of my life (Physical, Emotional, Mental, and Spiritual).	1	2	3	4	5	DK	
e. I can solve the problems that I have.	1	2	3	4	5	DK	
f. I have control over the things that happen to me.	1	2	3	4	5	DK	
g. I am able to protect myself.	1	2	3	4	5	DK	
h. I can do anything I really set my mind to.	1	2	3	4	5	DK	
i. What happens to me in the future mostly depends on me.	1	2	3	4	5	DK	
j. Participating in traditional cultural events is important to me (e.g., feasts, pow wows etc.).	1	2	3	4	5	DK	
k. Participating in traditional spirituality is important to me.	1	2	3	4	5	DK	
l. Participating in traditional activities (e.g., hunting, fishing, carving etc.) is important to me.	1	2	3	4	5	DK	
m. Religion is important to me (e.g., Christianity).	1	2	3	4	5	DK	
n. I show respect for others.	1	2	3	4	5	DK	
o. I have somebody in my family that I trust and supports me.	1	2	3	4	5	DK	
p. My community provides opportunities for me to express my culture and traditions.	1	2	3	4	5	DK	
q. There are opportunities for me to volunteer in my community.	1	2	3	4	5	DK	
r. I feel like I am a part of my community.	1	2	3	4	5	DK	
s. I participate in community activities/organizations to help develop social connections.	1	2	3	4	5	DK	
t. I have close friends in my community.	1	2	3	4	5	DK	

u. I am very comfortable participating in community activities.	1	2	3	4	5	DK
v. My community provides opportunities to learn about different cultures and traditions (e.g., festivals, celebrations, holidays, food, language, etc.).	1	2	3	4	5	DK
w. I am able to express my culture and traditions (e.g., festivals, celebrations, holidays, food, language, etc.).	1	2	3	4	5	DK
x. Is there anything else you'd like to add? (specify): _____						

SECTION E. DEMOGRAPHICS

E1: Do you identify as:

1. Male
2. Female

E2: What is your age?

1. Under 19 years old
2. 19-24 years old
3. 25-34 years old
4. 35-44 years old
5. 45-54 years old
6. 55-64 years old
7. 65 and over

E3: What is the highest level of education you have completed?

1. Up to and including Grade 8
2. Some high school
3. Leaving/Completion Certificate, Evergreen Certificate (specify): _____
4. High school diploma or a high school equivalency certificate (i.e., General Education Diploma)
5. Trade certificate (specify type and level of completion): _____
6. College, university or other non-university certificate or diploma(s) (other than trades certificates) (specify): _____
7. Bachelor's degree (e.g. B.A., B.Sc., LL.B.) (specify): _____
8. Master's degree (specify): _____
9. Doctorate (specify): _____
10. Other (specify): _____

E4: Including yourself, how many persons usually live at your current address, as of today?

E5: How many persons under the age of 19 usually live at your current address as of today?

SECTION F. ASSISTANCE WITH FORM

F1: Did you complete this form with assistance from another person?

1. Yes
2. No

DRAFT

Aboriginal Skills Training Initiative

Outcomes Form

WELCOME & INFORMATION MESSAGE

We want to ensure that the program is addressing its goal to support you in getting the right training and skills to access employment opportunities in B.C.

We hope you will complete this form because the information could benefit you, your family and your community. Your answers will be used to improve the program.

It will take approximately 10 to 15 minutes to complete this form. We appreciate your feedback and thank you for taking the time to provide your input. The information you provide will only be accessible to your community administrators.

SECTION A. POST-TRAINING PROFILE

- I. What is the name of the training program you participated in? _____
- II. Which community did you live in before you participated in training? _____
- III. What community do you live in now? _____
- IV. Did you complete the training program?
 1. Yes, I completed the training program in full. <SKIP TO A1>
 2. No, I did not finish the training program but I plan to finish it in the future.
 3. No, I did not finish the training program and I do not plan on finishing it in the future.
- V. For what reason(s) did you not complete the training program?

Employment Status

A1. Which of the following best describes your current employment status?

1. Working (with or without pay) at a job or business, including self-employment
2. Not working, but looking for work <SKIP TO A5>
3. Not working, and not looking for work <SKIP TO A4>
4. Other (please specify): _____ <SKIP TO A5>

A1 a) Is your current employment a result of taking the training program?

1. Yes
2. No
3. Other (please specify): _____

A2. Do you work at more than one job or business?

1. Yes
2. No
3. Other (please specify): _____

A3. Including all jobs, are you working...

1. Full time (30 or more hours a week)
2. Part time (less than 30 hours a week)
3. Other (please specify i.e., seasonal work, contract): _____

<SKIP TO A5>

A4. For what reasons are you not looking for work? SELECT ALL THAT APPLY

1. Attending school or training
2. Scheduled to start a job in the future, including seasonal work and temporary layoff
3. Scheduled to start training in the future
4. Household or family responsibilities, for example, child and/or elder care
5. Illness or disability
6. Traveling and/or being on vacation (i.e., leisure activities)
7. Cultural activities (i.e., hunting, camps)
8. Other (specify): _____

A5. Are you currently receiving income from any of the following source(s)? SELECT ALL THAT APPLY

1. Employment, including wages, salaries, commissions, and tips
2. Self-employment, including wages salaries, commissions, and tips
3. Employment insurance
4. Provincial or Federal social assistance or welfare, including disability
5. Pension (e.g., Canada Pension Plan, job-related retirement pensions)
6. Old Age Security and Guaranteed Income Supplement
7. Other sources (specify): _____
8. I do not receive income from any sources at present.

SECTION B. CAREER GOALS

B1. Do you have (a) long-term career goal(s)?

1. Yes
2. No <SKIP TO B4>

B1 a) Has your long-term career goal changed since you participated in the training program?

1. Yes
2. No

B2. What is/are your long-term career goal(s)? For example, what do you want your job to be when you reach your long-term career goal?

B3. On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statement.

	Strongly Disagree				Strongly Agree
The training program has helped me on the path to my long-term career goal(s).	1	2	3	4	5

B3 a) Is there anything else you'd like to add? (specify): _____

B4. Which of the following best describes what you intend to do now that you have completed/left the training program? **CHOOSE ONE:**

1. Continue working in my current job
2. Find work related to the training program
3. Find work unrelated to the training program
4. Attend more training related to the training program <SKIP TO B6>
5. Attend training unrelated to the training program <SKIP TO B6>
6. Start a business <SKIP TO C1>
7. Other (specify): _____

B5. Would you move to another city or town for work?

1. Yes
2. No

B6. Would you move to another city or town to attend further training?

1. Yes
2. No

SECTION C. CHALLENGES/BARRIERS TO EMPLOYMENT

C1. The following statements relate to employment challenges or barriers you may have faced **since leaving your training program.**

Since leaving the training program, have any of the following affected your employment?

a. Financial hardship (i.e., don't want to lose supports such as Income Assistance)	No	Yes
b. Recovery from violence or abuse	No	Yes
c. Physical, mental or developmental disabilities or challenges	No	Yes
d. No driver's license	No	Yes
e. Lack of transportation	No	Yes
f. Lack of childcare or family care	No	Yes
g. Travel distance to a job	No	Yes
h. Family responsibilities	No	Yes
i. Lack of work experience	No	Yes
j. Lack of tools/work gear/work appropriate clothing	No	Yes
k. No phone	No	Yes
l. No home address	No	Yes
m. Racism	No	Yes
n. Discrimination because of my gender, ethnicity or disability	No	Yes
o. Substance use	No	Yes
p. Lack of stable housing	No	Yes
q. Education level	No	Yes
r. Literacy or numeracy	No	Yes
s. A criminal record or legal issues (i.e., restraining order)	No	Yes
t. Lack of support (i.e., family support)	No	Yes
u. Other, please specify _____		

SECTION D. PERSONAL WELL-BEING

D1. These statements relate to your overall personal well-being.

On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statements.

	Strongly Disagree	1	2	3	4	Strongly Agree	Don't Know
a. Overall, I have a lot to be proud of.	1	2	3	4	5	DK	
b. A lot of things about me are good.	1	2	3	4	5	DK	
c. When I do something, I do it well.	1	2	3	4	5	DK	
d. I feel that I am in balance in the four aspects of my life (Physical, Emotional, Mental, and Spiritual).	1	2	3	4	5	DK	
e. I can solve the problems that I have.	1	2	3	4	5	DK	
f. I have control over the things that happen to me.	1	2	3	4	5	DK	
g. I am able to protect myself.	1	2	3	4	5	DK	
h. I can do anything I really set my mind to.	1	2	3	4	5	DK	
i. What happens to me in the future mostly depends on me.	1	2	3	4	5	DK	
j. Participating in traditional cultural events is important to me (e.g., feasts, pow wows etc.).	1	2	3	4	5	DK	
k. Participating in traditional spirituality is important to me.	1	2	3	4	5	DK	
l. Participating in traditional activities (e.g., hunting, fishing, carving etc.) is important to me.	1	2	3	4	5	DK	
m. Religion is important to me (e.g., Christianity).	1	2	3	4	5	DK	
n. I show respect for others.	1	2	3	4	5	DK	
o. I have somebody in my family that I trust and who supports me.	1	2	3	4	5	DK	
p. My community provides opportunities for me to express my culture and traditions.	1	2	3	4	5	DK	
q. There are opportunities for me to volunteer in my community.	1	2	3	4	5	DK	
r. I feel like I am a part of my community.	1	2	3	4	5	DK	
s. I participate in community activities/organizations to help develop social connections.	1	2	3	4	5	DK	
t. I have close friends in my community.	1	2	3	4	5	DK	
u. I am very comfortable participating in community activities.	1	2	3	4	5	DK	
v. My community provides opportunities to learn about different cultures and traditions (e.g., festivals, celebrations, holidays, food, language, etc.).	1	2	3	4	5	DK	
w. I am able to express my culture and traditions (e.g., festivals, celebrations, holidays, food, language etc.).	1	2	3	4	5	DK	
x. Is there anything else you'd like to add? (specify):							

D1. a) On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statement.

	Strongly Disagree				Strongly Agree	Don't Know
I feel that my overall personal well-being has improved since participating in the training program.	1	2	3	4	5	DK

SECTION E. DEMOGRAPHICS

E1. Do you identify as:

1. Male
2. Female

E2. What is your age?

1. Under 19 years old
2. 19-24 years old
3. 25-34 years old
4. 35-44 years old
5. 45-54 years old
6. 55-64 years old
7. 65 and over

E3. Please specify the level of education you have completed with your recent training program.

1. Up to and including Grade 8
2. Some high school
3. Leaving/Completion Certificate, Evergreen Certificate (specify): _____
4. High school diploma or a high school equivalency certificate (i.e., General Education Diploma)
5. Trade certificate (specify type and level of completion): _____
6. College, university or other non-university certificate or diploma(s) (other than trades certificates) (specify): _____
7. Other(specify): _____

E4. Including yourself, how many persons usually live at your current address, as of today?

E5. How many persons under the age of 19 usually live at your current address as of today?

SECTION F. SATISFACTION WITH TRAINING

F1. On a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree, please rate your level of agreement with the following statement.

	Strongly Disagree				Strongly Agree
a. I was well prepared to take the training.	1	2	3	4	5
b. I received quality teaching instruction.	1	2	3	4	5
c. The program was well organized.	1	2	3	4	5
d. The time allotted for training was sufficient.	1	2	3	4	5
e. Cultural teachings were integrated into the materials used in the training program.	1	2	3	4	5
f. Additional support services were available to me (e.g., tutoring, counsellors, advisors, elders on site, etc.).	1	2	3	4	5
g. I gained specific job-related skills.	1	2	3	4	5
h. I gained industry specific skills.	1	2	3	4	5
i. I gained work experience on the job.	1	2	3	4	5
j. The training helped to clarify what kind of career I would best be suited for.	1	2	3	4	5
k. The training increased my self-confidence.	1	2	3	4	5
l. The training motivated me to achieve my career goals.	1	2	3	4	5
m. The training helped me get future training or education.	1	2	3	4	5
n. Overall I found the training program useful.	1	2	3	4	5
o. The training program met my educational needs.	1	2	3	4	5
p. In the end I got what I needed from the training.	1	2	3	4	5
q. The training met my expectations.	1	2	3	4	5
r. The training helped me feel better prepared for work.	1	2	3	4	5

F2. If you could change ONE thing about the training program, what would it be?

F3. What did you find most valuable about the training program?

SECTION G. ASSISTANCE WITH FORM

G1. Did you complete this form with assistance from another person?

1. Yes
2. No