



## AFN Skills Inventory Survey

Acadia First Nation would like your help with building a skills inventory which would identify what skills our members have and the areas where our community is lacking. The purpose is to help AFN notify band members of opportunities that arise in their area of expertise. This would allow AFN to provide our members with information about potential opportunities in their field and provides AFN with a tool to identify and provide training opportunities to help round out our members' skill set. AFN is currently looking for community members that could be utilized for the Mersey project (12 yr project) and the Gold River project. AFN would like to have skilled individuals ready to take on these job opportunities and to identify others which could be trained to fill roles on upcoming projects.

*All completed surveys will be included in a draw for a prepaid credit card with a \$50 balance. Only 1 survey per band member and surveys must be received by Thursday June 29, 2017 to be eligible. Return completed surveys to your local AFN Band Office.*

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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Marital Status:  Married  Single  Divorced  Widowed  
Employment Status:  Employed  Unemployed  Under Employed  
AFN Band Member:  Yes  No  
On Reserve:  Yes  No  
Valid Driver's License:  Yes  No

Education Level (Please select the option which best describes your education level)

- Post Secondary University/College
- Grade 12 or equivalent
- Grade 9 or higher
- less than Grade 9

Do you currently operate your own business? If so, please provide Industry, Business Name and Service Provided?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Trade/Employment Skills

Please choose the business sector categories from the list below that you have work experience in.  
Please identify your applicable skills and certificates received under each heading you have selected.

**Business:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Office Administration:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Health Occupations:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Management:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Natural and Applied Sciences and Related Occupations:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Social Science:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Education:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Government Services and Religion:**  Yes  No

Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Electrician:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Plumber:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Carpentry:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Skilled Labourer:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Security:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Heavy Equipment:**  Yes  No  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

**Other:** \_\_\_\_\_  
Skills: \_\_\_\_\_

Certificates: \_\_\_\_\_

Are you interested in Professional Development or further training? If so, Indicate what course or type of training?

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

Would like to be notified of potential opportunities for employment or contract work?  Yes  No

## Cultural Skills/Expertise

Do you consider yourself an artisan? If yes, please select your area(s) of expertise:  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> Woodworking   | <input type="checkbox"/> Textile Crafts |
| <input type="checkbox"/> Wood Carving  | <input type="checkbox"/> Drum Making    |
| <input type="checkbox"/> Basket Making | <input type="checkbox"/> Beading        |
| <input type="checkbox"/> Leather Work  | <input type="checkbox"/> Quill Work     |
| <input type="checkbox"/> Other: _____  |   |

Do you consider yourself an artist? If yes, please select your medium(s):  Yes  No

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Charcoal Drawing |
| <input type="checkbox"/> Dancing      | <input type="checkbox"/> Pencil & Ink     |
| <input type="checkbox"/> Singing      | <input type="checkbox"/> Water Color      |
| <input type="checkbox"/> Drumming     | <input type="checkbox"/> Textile Crafts   |
| <input type="checkbox"/> Photography  | <input type="checkbox"/> Acrylic Painting |
| <input type="checkbox"/> Oil Painting |   |
| <input type="checkbox"/> Other: _____ |   |

Has your work been juried?  Yes  No

In not, would you be interested in having your work juried?  Yes  No

Do you consider your work to be modern or traditional?  Yes  No

Would you be interested in attending an interview regarding your work?  Yes  No

Are you interested in instructing workshops or information session to share your knowledge with community members?  Yes  No

Are you interested in participating in training sessions or workshops? If so, please select your areas of interest:

- |  |   |
|--|---|
| <input type="checkbox"/> Storytelling  | <input type="checkbox"/> Charcoal Drawing |
| <input type="checkbox"/> Dancing       | <input type="checkbox"/> Pencil & Ink     |
| <input type="checkbox"/> Singing       | <input type="checkbox"/> Water Color      |
| <input type="checkbox"/> Drumming      | <input type="checkbox"/> Textile Crafts   |
| <input type="checkbox"/> Photography   | <input type="checkbox"/> Acrylic Painting |
| <input type="checkbox"/> Oil Painting  | <input type="checkbox"/> Woodworking      |
| <input type="checkbox"/> Wood Carving  | <input type="checkbox"/> Drum Making      |
| <input type="checkbox"/> Basket Making | <input type="checkbox"/> Beading          |
| <input type="checkbox"/> Leather Work  | <input type="checkbox"/> Quill Work       |
| <input type="checkbox"/> Other: _____  |   |