



# Listuguj Mi'gmaq Development Centre

## Career Planning Questionnaire for Training Funding Application

*Revised July 2013*

NAME: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

### 1. LEARNING AND WORK EXPLORATION

a) Why are you interested in this field of study (program)?

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b) Do you meet the prerequisites? Yes or No If no, do you have a plan to obtain the prerequisites?

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c) Do you have any work experience that is related to the program? If not, can you do volunteer work in this area to test-drive the potential career?

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d) How would you rate the job opportunities in that field of studies?

GOOD FAIR POOR

e) What are the possibilities of finding work in that field of studies?

Full time GOOD FAIR POOR

Part time GOOD FAIR POOR

Seasonal GOOD FAIR POOR

f) What is the work schedule? Circle all that apply.

week days, week evenings, week nights, variable shifts/ on call, weekends (day or night)

g) What is the starting salary for a job related to this training? Hourly, weekly, annually.

\$ \_\_\_\_\_

h) Is this training accredited/certified within other provinces?

Yes No Have not checked

i) Does this occupation require you to be bilingual?

Yes No

j) Are you willing to move from your geographical area for employment? Yes No

**2. SELF- EVALUATION AND PERSONAL MANAGEMENT**

a) List some school subjects that you've done well in. Did you enjoy these subjects?

_____	enjoyed	didn't enjoy
_____	enjoyed	didn't enjoy
_____	enjoyed	didn't enjoy

b) List any jobs you've held? Which job(s) did you like the best and why?

c) What are you good at?

d) What do you learn easily without much help from others?

e) What would your family or friends say about you?

f) What energizes you?

g) How do you keep motivated?

h) What are you passionate about?

i) Can you tell me one of your life achievements? How has this achievement influenced who you are?

j) Are you flexible and adaptable? Yes No  
Give an example where you effectively demonstrated this.

k) Have you considered how you will adapt to change involved in beginning either a training program and having to move? Yes No

j) Do you have negative behaviours or attitudes that could affect your schooling? Yes No  
If yes, how would you overcome them?

l) Can you put your personal problems aside to do your school work? Yes No

m) How do you accept criticism?

n) Is there any education or training that you need to better yourself?

o) Have you done any career planning activities? Place a check (√) next to an activity you've accomplished.

<input type="checkbox"/> Took an interest assessments or personality assessment	<input type="checkbox"/> Took an aptitude or learning style test
<input type="checkbox"/> Used an online system to research occupations & schools	<input type="checkbox"/> Informally interviewed someone in an occupation I find interesting
<input type="checkbox"/> Read books about careers and goal setting	<input type="checkbox"/> Attended a job fair or career day
<input type="checkbox"/> Talked to a college admissions representative	<input type="checkbox"/> Reviewed career and education plan with family or mentor
<input type="checkbox"/> Talked to a military recruiter	<input type="checkbox"/> Completed a job shadow program or work site visit
<input type="checkbox"/> Prepared a resume	<input type="checkbox"/> Discussed career and educational plans with a counsellor or advisor
<input type="checkbox"/> Used the internet to search for career and educational resources	<input type="checkbox"/> Explored different forms of financial aid
<input type="checkbox"/> Researched differed scholarships and grants to help pay for college expenses	<input type="checkbox"/> Visited schools I'm interested in attending

p) List 10 words that describe your personality. (examples: quiet, talkative, organized, creative)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

q) If you could learn any new skill, what would it be? Why?

r) List 4 jobs that you would like, even if you don't know much about them. What is it about each of these jobs that appeals to you?

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

s) How have your personal characteristics (i.e. such as your skills, attitudes, interests, values and beliefs):

- influenced your past career decisions?
- influenced your current career decision?

### 3. POTENTIAL CHALLENGES

Would any of the following obstacles or barriers prevent you from completing the training?

**PHYSICAL BARRIERS** (eg. Injuries, back problems) YES NO  
 Diabetes, cystic fibrosis, asthma  
 Other: \_\_\_\_\_  
 If so, explain.

If yes, has this been diagnosed by a health profession? YES NO

**PSYCHOLOGICAL BARRIERS** (eg. schizophrenia, personality disorder, bipolarity, dyslexic, attention deficit disorder with or without hyperactivity, asperger disorder) YES NO  
 Other: \_\_\_\_\_

**PSYCHOSOCIAL BARRIERS** (eg. violence problem, assertiveness difficulty, a major self-esteem or self confidence difficulty, unresolved grief) YES NO  
 Other: \_\_\_\_\_

Dependency – addiction (gambling, drugs, alcohol)  
 Are you concerned with your alcohol, drug or alcohol use? YES NO

Have you ever got in trouble because of drugs and or alcohol use? YES NO

**PERSONAL BARRIERS** (child care, self esteem, or marital Problems) YES NO  
 Other: \_\_\_\_\_

Have you already identified a daycare or baby sitter for when you go to school? YES NO

Have you determined who will take care of your child or children in case of sickness or school closures? YES NO

Are you currently receiving counselling or assistance for self-esteem, , anger management, stress or anxiety issues? YES NO  
 If yes, which one(s).

Are you currently assuming the responsibility as a Caregiver? YES NO

Have you recently experienced a personal lose, such as a separation, divorce or death? YES NO

What are your means of transportation to go to school?  
 Example: your own vehicle, car pooling, taxi, bus, etc.

If for any particular reason you cannot get to your school because of transportation, what is your option?

Do you have a stable place to live while studying? YES NO

Do you have a mortgage? YES NO

Do you have someone to talk to when you need encouragement? YES NO

Do you have a positive role model or mentor? YES NO

Do you have a criminal record? YES NO

Have you ever had your driver’s license suspended YES NO

Do you have a budgeting plan? If no, why ? YES NO

**LEARNING BARRIERS** (learning disability /comprehension issues) YES NO

Other: \_\_\_\_\_

Do you require certain accommodations to attend training? YES NO  
 Example: tutoring services or modified leaning plans

Have you ever failed a grade or received tutoring services? YES NO

Have you ever quit school? High school, college or university? Explain. YES NO

**OTHER BARRIERS/OBSTACLES** YES NO

If yes, please explain.

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k) Do you have a plan B or C (coping strategies) to help you overcome barriers during training?

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**4. GOALS**

a) Have you ever made a short or long term educational plan to reach your goals? If so explain.

b) What do you need to do to start your short range plans for your education goals?

ACTION STEPS TO BE TAKEN	TARGET DATE	DONE
1.		
2.		
3.		

c) What are some activities outside of school that could enhance your career goals?

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d) What are your goals upon completion of the program?

ACTION STEPS TO BE TAKEN	TARGET DATE	DONE
1.		
2.		
3.		

d) Personal Growth Goals: (ways in which you hope to grow personally)

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e) Long Range Life Goals: (use a time-frame or year or your future age)

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**5. LIFE / WORK BUILDING**

a)What factors do you believe are important when making your career decision?

b)What type of career information resources have you used in the past:

- LMDC website
- Computer and Internet based systems
- Labour Market Information
- Other: \_\_\_\_\_

c) Where did you get information on your career?

d) All things considered, are you personally ready to undertake this training? Explain.

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