

Action Centre - NEEDS ASSESSMENT

Please fill out the following survey to help the Labor Adjustment Committee **address your needs**. The personal information collected is confidential and is for the use of the committee and will not be shared with other agencies without your permission.

(Please Print Clearly)

Name	Clock Number
E Mail Address	
Home Phone Number () -	Cell Phone Number () -

INFORMATION		WORKSHOPS Are you interested in Attending workshops for:			
	Yes	No	Yes	No	
1. Do you have a current resume?	<input type="checkbox"/>	<input type="checkbox"/>	11. Resume Writing workshop	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have another Job?	<input type="checkbox"/>	<input type="checkbox"/>	12. Interview Skills workshop	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you need job training?	<input type="checkbox"/>	<input type="checkbox"/>	13. Career Planning	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a Grade Twelve Diploma?	<input type="checkbox"/>	<input type="checkbox"/>	14. Grade Twelve equivalency	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you comfortable using a computer?	<input type="checkbox"/>	<input type="checkbox"/>	15. Basic Computer Training	<input type="checkbox"/>	<input type="checkbox"/>
6. What languages do you speak?			16. Advanced Computer Training	<input type="checkbox"/>	<input type="checkbox"/>
1			17. Starting Your Own Business	<input type="checkbox"/>	<input type="checkbox"/>
2			18. Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a Skilled Trade	<input type="checkbox"/>	<input type="checkbox"/>	19. Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
8. What Trade			20. Dealing with Stress Workshop	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you need help immediately	<input type="checkbox"/>	<input type="checkbox"/>	21. Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>
10. I would consider accepting a job in the following regions:					
<input type="checkbox"/> St. Catharines only <input type="checkbox"/> Niagara Area <input type="checkbox"/> Ontario <input type="checkbox"/> Canada <input type="checkbox"/> Outside Canada					

22. Comments: