



Victoria Native Friendship Centre

231 Regina Ave

Ph: 250-384-3211

Employment Action Plan

Employment & Training Program

Participant Information

Participant Name _____ Date _____

| | | | |
|---|--|--------------------------|--|
| Employment Goal: | | | |
| Do you have any experience in this field: | <input type="radio"/> Yes | <input type="radio"/> No | |
| Action Steps | | Time frame | |
| | | | |
| | | | |
| | | | |
| | | | |
| Challenges/Barriers | How will you respond or what action/s will help you overcome them? | | |
| | | | |
| | | | |
| | | | |

Signature of Participant _____

Signature of Employment Counsellor _____