



Name: _____ Date: _____

My Work Plan

What kind of work do I want to do?

What skills, training, experience, or interests do I have already that are related to the kind of work I want to do?

How do I know that this type of work will be in demand in the near future?

What is stopping me from getting the kind of work I want?

What steps do I need to take to achieve my employment goals and/or look for work?

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Next Steps & How NIEFS Can Help

☺ to be completed with an employment advisor

Career Decision-Making Steps:	Dates	Completed
<input type="checkbox"/> Employment Counselling, and/or Workshops to help with:	_____	<input type="checkbox"/>
<input type="checkbox"/> Putting together a step-by-step career plan	_____	<input type="checkbox"/>
<input type="checkbox"/> Exploring different career options that would suit me	_____	<input type="checkbox"/>
<input type="checkbox"/> Researching different careers and qualifications needed	_____	<input type="checkbox"/>
<input type="checkbox"/> Researching what occupations will be in demand in the future	_____	<input type="checkbox"/>
<input type="checkbox"/> Looking at alternatives like self-employment or contract work	_____	<input type="checkbox"/>
Other needs:		
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>

I no longer need help with this when I can say **“I have selected my career goal, or I am actively and independently researching my career goal.”** **Self-sufficient**

Skills or Training Steps:	Dates	Completed:
<input type="checkbox"/> Employment Counselling, and/or Workshops to help with:	_____	<input type="checkbox"/>
<input type="checkbox"/> Planning for training that will prepare me for available work	_____	<input type="checkbox"/>
<input type="checkbox"/> Identifying on-the-job training opportunities	_____	<input type="checkbox"/>
<input type="checkbox"/> Identifying Apprenticeship/Trades opportunities	_____	<input type="checkbox"/>
<input type="checkbox"/> Building a portfolio that showcases my skills	_____	<input type="checkbox"/>
<input type="checkbox"/> Assistance with funding application packages for training, on-the-job training, or self-employment programs	_____	<input type="checkbox"/>
Other needs:		
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>

I no longer need help with this when I can say **“I have the certification, education, and skills required for my employment goal.”** **Self-sufficient**

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Job Search Assistance:

	Dates	Completed
<input type="checkbox"/> Employment Counselling, and/or Workshops to help with:	_____	<input type="checkbox"/>
<input type="checkbox"/> Putting together a step-by-step job search plan	_____	<input type="checkbox"/>
<input type="checkbox"/> Help with Resumes and/or Cover Letters	_____	<input type="checkbox"/>
<input type="checkbox"/> How to approach employers	_____	<input type="checkbox"/>
<input type="checkbox"/> How to handle job interviews	_____	<input type="checkbox"/>
<input type="checkbox"/> How to better sell myself when talking to people	_____	<input type="checkbox"/>
<input type="checkbox"/> Distance job search techniques	_____	<input type="checkbox"/>
<input type="checkbox"/> Advanced job search techniques	_____	<input type="checkbox"/>

Other needs:

<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>

I no longer need help with this when I can say “**All my job search tools are up-to-date and I am actively and independently engaged in an effective job search**”. Self-sufficient

Job Maintenance Assistance:

	Dates	Completed
<input type="checkbox"/> Employment Counselling, and/or Workshops to help with:	_____	<input type="checkbox"/>
<input type="checkbox"/> How to be successful when starting work with a new employer	_____	<input type="checkbox"/>
<input type="checkbox"/> How to work well with supervisors	_____	<input type="checkbox"/>
<input type="checkbox"/> How to move from part-time work to full-time work	_____	<input type="checkbox"/>
<input type="checkbox"/> How to make the best use of work references	_____	<input type="checkbox"/>

Other needs:

<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>

I no longer need help with this when I can say “**I am able to independently keep my job.**”

Self-sufficient

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Expected Result:

My Work Action Plan will be closed when I become self-sufficient, employed, or self-employed.

Expected date for Action Plan closure: _____

Client Commitment:

My signature indicates my commitment to follow through with this plan. I understand that I am responsible for making it work, and that I am investing in myself and my future. If my Action Plan leads to participation in any of the following: NIEFS Wage Subsidy Program, the Business Futures Self-Employment Program, the NIEFS Skills Development Employment Benefit Program, a Skills Link project, and/or a Job Creation Partnership project, I give permission for (EAS Provider Name), the Ministry of Human Resources and Skill Development, and the sponsor agency(s) to exchange information about my participation, start date, end date, and employment outcome for case management purposes.

Client Signature

Action Plan Creation Date

Print Client Name _____

S.I.N.# _____

I am (check one):

- Unemployed
- Employed part-time _____ average hours per week
- Facing a lay-off with an expected date _____

Employment Advisor/Case Manager Concurrence:

My signature indicates that I have assisted in the development of this action plan and that the plan is realistic and viable.

Case Manager Signature

Action Plan Creation Date

Case Manager Name (please print)

Contract #