

**T8TA: LAND BASED HEALING PROJECT**  
**Survey Form**

**FULL LEGAL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Age Group (circle one)**    14-18                      19-39                      40-64                      65+

**BAND (circle one)**

WEST MOBERLY FIRST NATIONS	DOIG RIVER FIRST NATION	BLUEBERRY RIVER FIRST NATION
SAULTEAU FIRST NATION	HALFWAY RIVER FIRST NATION	FORT NELSON FIRST NATION
PROPHET RIVER FIRST NATION	MCCLEOD LAKE	

**Do you have access to the T8TA : Land Based Healing Project Challenges and Activities Page?**                      YES                      NO

**Do you have Traditional Knowledge in any of the following?** (circle all that apply):

Hunting	Powwow Dancing	Beading or other Crafts	OTHER (PLEASE LIST)
Berry Picking	Survival Skills	Traditional Language	_____
Medicinal Plants	Drum Making	Sweat Lodges	_____
Ceremonies	Drumming	Singing	_____

**Do you have traditional Skills and Knowledge you would like to share with others?**                      YES                      NO

**If yes, please give contact information so we may call you if opportunities arise:** \_\_\_\_\_

**What would you like to learn more about in terms of Traditional Land Based Knowledge and Skills?** (circle all that apply)

Hunting	Pow Wow Dancing	Beading or other Crafts	OTHER (PLEASE LIST)
Berry Picking	Survival Skills	Traditional Language	_____
Medicinal Plants	Drum Making	Sweat Lodges	_____
Ceremonies	Drumming	Singing	_____

**Suggestions for Activities / Programs that can happen virtually throught the Land Based Healing Project**

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**THANK YOU FOR YOUR VALUABLE INPUT!!**