

REFERRAL FORM



Personal Information:

Client Name: _____

Address: _____

S.I.N: _____

Gender: ___ M ___ F ___ Otr

Phone: _____

D.O.B: _____

RECEIVING INCOME SUPPORT: ___ Y ___ N RECEIVING EI: ___ Y ___ N

Childcare needs? ___ Y ___ N

Clear certificate of conduct? ___ Y ___ N

Valid Driver's License? ___ Y ___ N

Access to transportation? ___ Y ___ N Circle which applies: PRIVATE

Single Parent? ___ Y ___ N

Resume? ___ Y ___ N

PUBLIC TRANSIT

Employment:

Do you have any personal/social barriers to employment? **Y** or **N**

If yes, explain: _____

Type of employment/education desired: _____

Education:

Education: High School **Y** or **N**

Last grade completed: _____

School: _____

(See reverse side)

Referral Information:

Name of referring agency: _____
Contact: _____ Phone: _____
Reason for referral: _____

Why is this person a good candidate for Train for Trades?

Contact Information:

Roz Curran
Program Coordinator
Train for Trades
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c: 709-682-3061
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