



The Employment Program Referral Form

Referral Information:	
Name of Referral:	Date of Referral:
Name of Agency/Organization:	
Telephone:	Email:
Applicant Information:	
Name:	Date of Birth:
Address:	Postal Code:
Telephone:	Email:
MCP:	MCP Expiry:
Emergency Contact Name:	Contact Information Telephone/Email:
SIN #:	
Mental Health Diagnosis/Mental Health Concerns:	
What are some of the barriers/difficulties this client is experiencing with finding or keeping employment?	
Current Employment Status:	
Do you have a current updated resume?	
Is the applicant currently eligible for Employment Insurance?	
Has this applicant completed any previous pre-employment preparation program? If yes when and where?	
Is this client currently involved in any other employment program?	
How would you rate the client's work readiness? (10 being very work ready):	
How would you rate the client's work motivation? (10 being very work ready):	
Employment/Education Goals:	
<input type="checkbox"/> Full-Time Employment	<input type="checkbox"/> Return or Complete Higher Education
<input type="checkbox"/> Part-Time Employment	<input type="checkbox"/> Volunteer Employment
Any Additional Information and/or comments: _____	

