Canadian Mental Health Association
Newfoundland and Labrador

At Work/Au travail Newfoundland

Referral Form

Referral Information	
Name of Referral:	Date of Referral:
Name of Agency/Organization:	
Telephone:	Email:
☐ If self- referring, please check box and indicate date of referral above.	

Applicant Information	
First Name :	Last Name:
Date of Birth (mm/dd/yyyy)	SIN #
Primary Phone Number:	Secondary Phone Number:
Email Address:	

How would you like to be contacted? (check all that apply):

- ☐ Phone
- ☐ Text
- ☐ Email
- ☐ Other: _____

Do you have a mental health diagnosis or self-identify as having mental health concerns?

☐Yes ☐No

If **yes**, please describe:

_____

_____

Are you currently in receipt of Employment Insurance? ☐Yes ☐No

Have you received Employment Insurance in the last 5 years? ☐Yes ☐No

Have you worked in the last 52 weeks? ☐Yes ☐No

If yes, how many hours have you worked in the last 52 weeks? _____

Are you legally allowed to work in Canada? ☐Yes ☐No

Current employment status (check all that apply):

- ☐ Employed
- ☐ Unemployed
- ☐ Student
- ☐ If employed, on average how many hours a week do you work? _____

Employment/ Education Goals (check all that apply):

- ☐ Full Time Employment
- ☐ Part Time Employment
- ☐ Casual Employment
- ☐ Volunteer
- ☐ Return or Complete Higher Educatio

Additional Information and/or Comments:

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