

REFERRAL FORM

Stella's Circle - Employment Services

While a resume is not necessary, please attach if available.

Referral Information

Name of Referral Source:		Date of Referral:	
Agency/Organization:		Phone Email:	
Referral to:	Individual Support	Clean Start	Social Enterprise Training Program
	Pre-employment Group	ABE	Unspecified

Applicant Information

Surname:		First Name:	
Address:		Postal Code:	
Date of Birth:		Telephone:	
Social Insurance #:		Email:	
Preferred Method of Contact:			
Employment Goal:			
What does participant hope to achieve in our program?			
Additional Remarks/Comments:			
Does the applicant have any communication challenges that would make it difficult to conduct a telephone conversation? (i.e. speech or hearing impairment, is not fluent in English, etc.)			
		Yes	No
If yes, is there a support person/family member/referral source that could provide the initial information required to make an in-person appointment/intake session?			
Contact Name:		Phone #:	

Office Use

Employment Counsellor/Supervisor:	Intake Date:
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