

Stella's Circle

Hope Lives Here

Referral Form

SOCIAL ENTERPRISE & EMPLOYMENT DIVISION

Please attach applicant's resume, if available

Referral Information <i>(omit this information if this is a self-referral)</i>	
Name of referral source:	Date of referral:
Agency/organization:	Telephone/Email:
Referral to: <input type="checkbox"/> HOPEworks <input type="checkbox"/> CanDo <input type="checkbox"/> New Beginnings <input type="checkbox"/> Adult Basic Education: Level 1 <input type="checkbox"/> Stella's Pride <input type="checkbox"/> Social Enterprise Training Program <input type="checkbox"/> Unspecified	

Applicant Information	
Surname:	First Name:
Address:	Postal Code:
Date of Birth:	Telephone:
Social Insurance #:	Email:
MCP #:	MCP Expiry:
Emergency Contact Name:	Contact Telephone/Email:
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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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	

Stella's Circle Social Enterprise & Employment Programs

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www.StellasCircle.ca