

# Stella's Circle

Hope Lives Here

## Referral Form

### EMPLOYMENT SERVICES DIVISION *Please attach resume if available.*

| Referral Information     |   |
|--------------------------|---|
| Name of referral source: | Date of referral:   |
| Agency/organization:     | Telephone/Email:  |
| Referral to:             | <input type="checkbox"/> Individual Support <input type="checkbox"/> Clean Start <input type="checkbox"/> Social Enterprise Training Program<br><input type="checkbox"/> Stella's Pride <input type="checkbox"/> ABE <input type="checkbox"/> Transition to Work <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?<br>(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 Employment Services

Tel: 709-579-1181 | 709.738.8952 | Fax: 709.579.7855 | 754.1521 | Email: [employment@StellasCircle.ca](mailto:employment@StellasCircle.ca)

[www.StellasCircle.ca](http://www.StellasCircle.ca)