



Hope Lives Here

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: <input type="checkbox"/> Individual Support <input type="checkbox"/> Clean Start <input type="checkbox"/> Social Enterprise Training Program <input type="checkbox"/> Pre-employment Group <input type="checkbox"/> ABE <input type="checkbox"/> 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.) <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 | |
| Employment Counsellor/Supervisor: | Intake Date: |