



Referral Form

Client Information

Name: _____

Address: _____

Postal Code: _____

Phone #: _____ Message #: _____

E-mail: _____

Referring Agency: _____

Referred by: _____

Phone #: _____ Fax #: _____

E-mail: _____

Your relationship with the applicant: _____

How long have you been working with her? _____

Does the applicant have a Return to Work Action Plan or Career Plan? Yes No

Is applicant currently working? Yes No

Company name: _____

Position: _____

Average hours worked per week? _____

Has the applicant participated in any career decision-making activities? Yes No

If yes, what activities and outcomes?:

Has the applicant participated in any employment assessments? Yes No

If yes, what were the outcomes?

Are there any learning challenges (ADHD, etc.) Yes No

Are there any medical concerns (mental and/or physical) Yes No

If so, please explain, including treatment:

Based on the previous answers, please provide a brief rationale of why you feel the applicant would be a good fit for the WU program, which is a 3-5 year commitment beginning with 14-week Career Exploration Program:

Eligibility

Is the applicant receiving Income Assistance? Yes No

Is the applicant eligible for an ETW seat? Yes No

Is the applicant LMA eligible:(unemployed and not eligible for EI? Yes No

Is applicant in receipt of EI or HRIF eligible? Yes No

Does she receive CPP? Yes No

Does she receive a Disability Pension? Yes No

Does she have her grade 12 or GED? _____ Date completed? _____

Please provide a copy of transcripts. Attached: Yes No

Signed: _____

Date: _____

Please forward to: **Women Unlimited**

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