



## Referral Form 2016-17

### Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your relationship with the applicant: \_\_\_\_\_

How long have you been working with her? \_\_\_\_\_

Does this woman have a Return to Work Action Plan  Yes  No

Is a copy of this plan available for review by Women Unlimited?  Yes  No

Is applicant currently working?  Yes  No

Company name: \_\_\_\_\_

Position: \_\_\_\_\_

Average hours worked per week? \_\_\_\_\_

Has she participated in any career decision-making activities/interventions?  Yes  No

If yes, what activities/interventions and outcomes?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has she participated in any employment assessments?  Yes  No

If yes, what were the outcomes?: \_\_\_\_\_

Are there any learning challenges (ADHD, ADD, 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 for why you feel this woman would be a good fit for the WU program, which is a 3-5 year commitment beginning with a 14 week Career Exploration Program:

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#### Eligibility

Is this applicant receiving Income Assistance?  Yes  No

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

Does she receive CPP?  Yes  No

Does she receive a Disability Pension?  Yes  No

What is the highest grade she completed? Date completed? \_\_\_\_\_

Please attach a copy of transcripts/Work Plan Attached:  Yes  No

Resume attached  Yes  No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward to: **Women Unlimited**

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