

# REFERRAL FORM

Thank you for filling out this form. By signing at the bottom, you are giving permission for an employment counselor or literacy instructor/coordinator to contact you.

Name: _____	Date: _____
Address: _____	
City: _____	Postal Code: _____
Email: _____	Phone: _____

- |                |                                 |
|----------------|---------------------------------|
| 1. Gender      | 2. Are you currently a student? |
| Male    Female | Yes    No                       |

3. What is your highest level of education?
- Primary School    High School    College    University    Apprenticeship

4. What is your age range?
- Under 16      16 – 24    25 – 34    35 – 44    45 – 54    55 & Over

5. Are you currently employed?
- Yes    No    If Yes – Less than 20 hours per week      Over 20 hour per week

6. Have you applied for Employment Insurance Benefits in the past 52 weeks?
- Yes    No

7. Would you be interested in more information on employment or literacy programs?
- Yes    No

8. What is your goal?

College / University

High School Diploma

Apprenticeship

Employment

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

Transmitted 1 page by fax:

Name:

Employment/Literacy Agency:

Fax Number:

The personal information collected and used by partner agencies will be kept safely according to the Freedom of Information and Protection of Privacy Act 1990.