

Employment Services- Referral / Client Application Form

Fill out the following information and email it to info@employmentworksottawa.ca and one of our Employment Support Staff will reach out for next steps! If you are filling out on behalf of a client, we will also need a signed release of information to contact the referral source if needed.

Referral Source Info	ormation (if app	<u>licable):</u>		
Staff Referring: Referral Contact Info Date of Referral:	ormation:	J Yes (please include)		
Client Information:				
Preferred Name:		Pro	te of Birth:	-
Primary Number: Email:		Secondary Number: Preferred method of contact: ☐ Phone ☐ Email		
	applied for refuge	Resident	·	id,
Time ManagementConfidence & sel		Customer Service Information regarding skilled trades	8 8	
(Ex. physical, develop ☐ Yes ☐ No ☐ Un	omental, mental i isure	tify as having a disabilit health, addictions, learnin		ake?
Do you/Does the car ☐ Health Card ☐ I			Canadian IDs? (Check all that apply) ort □ Other:	

Are you/ Is the candidate enrolled in high school or post-secondary education?						
☐ Yes ☐ No						
What is your/What is the candidate's availability?						
☐Full-Time (30+ hours)	□Part-time (10-25 hours)	□Casual (Less than 10 hours)				
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