

KEY INDUSTRIES

Employment/Employability Program Referral

SECTION 1 – REFERRAL AGENCY INFORMATION			
Referral Source			
Phone Number			
Date of Referral			
Source of Income			
Application for: WES: <input type="checkbox"/>			
Ways to Work: <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II			
SECTION 2 – PARTICIPANT INFORMATION			
Last Name		First Name	
Address			
Email			
Phone Numbers		SIN	
Emergency Contact Information			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /
Highest level of education			
Regular or Modified Program? (Type of Support)			
Release of Information signed? Y <input type="checkbox"/> N <input type="checkbox"/>			
<input type="checkbox"/> Resume <input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Driver's License			
Does someone else have legal authority to make decisions on participant's behalf? Yes _ No __ If yes, who? _____			



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Please check all statements that describe the nature of the participant's disability

- | | | |
|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Asperger's/ASD |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other _____ |

Please briefly describe the disability (Please attach additional sheets if necessary)

Please list any participation in previous employment/professional development training programs?

SECTION 3 – EMPLOYMENT GOALS

Please describe the reason for the referral to the Employment/Employability Program and social barriers to employment

Please list education, training and employment goals (educational, career, social, etc)



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Please describe participant's employment strengths

Are you currently employed? Y N
If so, where?

Please describe any accommodations necessary for program participation

Are you legally entitled to work in Canada? Y N
Are you in receipt of or have you received EI within the last three years? Y N
Are you unemployed or working, or working less than 20 hours/week and capable of working more? Y N
Are you Case Planned through an EAS program?
If yes, with whom?

What is/are your preferred learning style(s)?



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SECTION 4 - MEDICAL	
Medicare # <i>(Only needs to be provided upon acceptance)</i>	Exp. Date
Family Doctor	Phone #
Do you have any medical conditions that require support, or could be a barrier to your participation in this program or the workplace?	
Are you on any medications that we need to be aware of? (ie: Epi Pen, heart medication)	
Do you wear a Medic Alert bracelet? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you live with any Mental Health issues that require extra support (ie. Anxiety, need to leave room when overwhelmed, etc)	
Do you believe you have any addictions that could impact your ability to work? Y <input type="checkbox"/> N <input type="checkbox"/>	



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SECTION 5 - GENERAL

Have you participated in other pre-employment, employment or personal development programs? If so, which ones and where?

Are there any additional potential barriers to participating in this program that we may not have discussed?

What are some of your interests?

What makes you happy/grateful?



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