

Referral Form

Client Information

Name

Address

City Phone

Email

Referral Agency

Name of organization and case manager/worker:

Email

Phone

Relationship to applicant:

How long have you worked with applicant?

Does the applicant have a Return to Work Action Plan / Career Plan?

Yes **No**

☐ ☐

Is the applicant currently working?

☐ ☐

Number of hours worked per week

Company name and phone number

Has the applicant participated in career decision-making activities?

☐ ☐

If yes, please list activities and outcomes:

	Yes	No
Has the applicant participated in any employment assessments? If yes, what were the outcomes?	<input type="radio"/>	<input type="radio"/>

Are there any learning challenges? (ADHD, etc.) ☐ ☐

Are there any medical concerns? (Mental and/or physical) ☐ ☐

Tell us why you feel your client would be a good fit for the program. Please keep in mind this is a 3 to 5-year commitment beyond the 16-week Career Exploration Program.

Additional Eligibility Criteria	Yes	No
Is the applicant receiving Income Assistance?	<input type="radio"/>	<input type="radio"/>
Is the applicant eligible for an ETW seat?	<input type="radio"/>	<input type="radio"/>
Is the applicant LMA eligible? (unemployed and not EI-eligible)	<input type="radio"/>	<input type="radio"/>
Is the applicant in receipt of EI or HRIF-eligible?	<input type="radio"/>	<input type="radio"/>
Is the applicant in receipt of CPP?	<input type="radio"/>	<input type="radio"/>
Does the applicant have Grade 12 or equivalent education?	<input type="radio"/>	<input type="radio"/>

Date completed:

Signature

Date

Please forward to **Women Unlimited**

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