



Member of Haldimand-Norfolk Work Group of Simcoe
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**EMPLOYMENT
ONTARIO**
Referral Form

Name: _____ Male: _____ Female: _____
Address: _____ Town: _____
Postal code: _____ Telephone: _____
Health Card #: _____ SIN: _____
Birthdate (mm/dd/yyyy) : _____

Referral Source:

Agency: _____ Contact: _____

Self-Referral: YES NO

Other: _____

Please contact me through my referral agency: YES NO

I am presently:

- | | |
|---|---|
| <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Looking for a job change |
| <input type="checkbox"/> Attending school/taking a course | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> On Leave of absence from my job | <input type="checkbox"/> Training at a Non-profit |
| <input type="checkbox"/> Taking part in a funded program to obtain employment | <input type="checkbox"/> Volunteering |
| | <input type="checkbox"/> Other: _____ |

I am presently receiving funding for employment related services through:

- | | |
|---|--|
| <input type="checkbox"/> ODSP Employment supports | <input type="checkbox"/> CPP Employment supports |
| <input type="checkbox"/> OW | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> MTCU Opportunities Fund | <input type="checkbox"/> Other: _____ |

I am interested in gaining employment in the following areas: (check as many as you wish):

- | | |
|---|--|
| <input type="checkbox"/> Service Industry (i.e. laundry) | <input type="checkbox"/> Trades/Construction |
| <input type="checkbox"/> Health/Social Services | <input type="checkbox"/> Agriculture (i.e. farm work) |
| <input type="checkbox"/> Hospitality (hotels/restaurants) | <input type="checkbox"/> Sales/Financial (i.e. retail, clerical) |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Arts/Recreation (i.e. crafts & leisure) |
| <input type="checkbox"/> Transportation (i.e. deliveries) | <input type="checkbox"/> Public/Government (i.e. court or city programs) |
| <input type="checkbox"/> Education (i.e. EA) | <input type="checkbox"/> I just want a job, any job |
| <input type="checkbox"/> Manufacturing (i.e. industrial work) | <input type="checkbox"/> Other: _____ |

I could use help with:

- | | |
|--|--|
| <input type="checkbox"/> Resume preparation | <input type="checkbox"/> Job development |
| <input type="checkbox"/> Interview techniques | <input type="checkbox"/> Computer access |
| <input type="checkbox"/> Job coaching | <input type="checkbox"/> Transportation issues |
| <input type="checkbox"/> Government funding | <input type="checkbox"/> Understanding how earnings will affect my pension |
| <input type="checkbox"/> Job maintenance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Job search strategies | |

Additional information: (diagnosis, duration, symptom details, other symptoms)

Current Medications:

By signing this document, I agree to allow this information to be shared with the Ministry of Training, Colleges and Universities. I understand that my eligibility for this program may be based on meeting certain criteria specified by the MTCU.

Signature: _____ **Date:** _____

Referring source (if any): _____

Please fax, mail or email this form to us. Thank you in advance.