

CareerWise Referral Form

In Partnership with



WINDSOR REGIONAL
Employment Network
Windsor-Essex · Chatham-Kent · Sarnia-Lambton



PARTICIPANT INFORMATION

Legal Name		Primary Address			
Preferred Name					
Date of Birth		Age		Gender	Male Female Other: _____
Phone Number			Email		
Alt. Phone Number			Date		

ELIGIBILITY and SUITABILITY

New Beginnings Employment Support Program serves ages up to 29 years. We provide support beyond traditional job search opportunities, which includes, but is not limited to:

- Pre-Employment Training to promote job readiness skills
- Job Matching and Job Placement, with placement support for participants
- Mentorship Services from our Employment Workers and our Employment Support Counselor

New Beginnings Employment Support Program Eligibility Requirements

(Check all that apply):

- 15-29 years of age at the time of registration
- If 15-18 years old - must be legally excused/exempt from attending school with documentation
- A resident of Ontario
- Eligible to work in Canada

Are you interested in utilizing our Employment Support Counsellor? Yes No Unsure

IDENTIFICATION

Do you have a Social Insurance Number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Social Insurance Number	_____
If not, have you applied for one?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

WORK ELIGIBILITY / JOB MATCHING

From the list below, please check your TOP 3 types of work you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Animal Service | <input type="checkbox"/> Food Service | <input type="checkbox"/> Marketing/Design |
| <input type="checkbox"/> Arts/Culture/Entertainment | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Media & Communications |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Health Care/Personal Service | <input type="checkbox"/> Recreation & Sports |
| <input type="checkbox"/> Business/Office Administration | <input type="checkbox"/> Hospitality/Tourism | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Information/Technology | <input type="checkbox"/> Trades |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Law | <input type="checkbox"/> Science & Related |
| <input type="checkbox"/> Finance/Banking | <input type="checkbox"/> Landscape/Gardening | <input type="checkbox"/> Other: _____ |

Do you have a driver's license? YES NO **If yes, what class?** G1 G2 G

How would you get to work? Own Car Bicycle Driven City Bus Other: _____

EMERGENCY CONTACT INFORMATION

Participant allows New Beginnings to contact the following person in case of an emergency

Emergency Contact Name		Relationship to Participant	
Phone Number		Alt Phone Number	

REFERRAL AGENCY CONTACT INFORMATION

Name		Barriers? Mental Health? Additional Info?
Agency		
Phone Number		
Email		