

EMPLOYABILITY NETWORK RÉSEAU D'EMPLOYABILITÉ

of Cornwall and Area
de Cornwall et des
environs

PARTICIPANT REFERRAL FORM

SECTION 1 INDIVIDUAL INFORMATION

Date of Referral: _____ Client Date of Birth: _____

Client Legal Name: _____

Best method to contact (choose one)

Phone: _____ Email: _____

Please check this box, if we can leave a voice message for you at this telephone number

SECTION 2 REASON FOR REFERRAL – please be as specific as possible

Referral to (name of organization): _____

Initial referral Follow-up referral

SECTION 3 CONTACT INFORMATION

Referring Organization: _____

Referring Consultant: _____

Phone: _____ Email: _____

SECTION 4 RELEASE OF INFORMATION

I, _____ authorize _____

and _____ to exchange information as it relates to my progress in programs and services related to employment and/or education.

Date

Client Signature

Referring Consultant

