



Referral Form

Date:	
Referring Agency Information	
Agency:	
Contact Name:	
Phone Number:	
Email:	
Client Information	
First Name:	Last Name:
Preferred Method of Communication: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> E-mail	
Phone number: Is it ok to leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail:	
Program Eligibility (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> 16+ years old <input type="checkbox"/> Legally entitled to work in Canada <input type="checkbox"/> Interested in a career in welding OR currently working in a related job and would benefit from skills upgrading <input type="checkbox"/> Lives in either of these areas: Brantford, Brant, Norfolk, Haldimand, Six Nations, New Credit, Hamilton, Kitchener, Cambridge, Waterloo, Oxford County. <ul style="list-style-type: none"> •Transportation assistance will be offered to participants who live in the areas served <input type="checkbox"/> Able to attend training locations on specified dates. <input type="checkbox"/> Able to lift up to 50 lbs. <input type="checkbox"/> Able to crouch, kneel, stoop, bend <input type="checkbox"/> Manual dexterity ability <input type="checkbox"/> Comfortable using basic functions of a computer <input type="checkbox"/> Self-identify as female (only for Women of Steel program, all genders can apply to Mind Over Metal program) 	

- Client has given their permission to share their contact information.
- Client has given their permission to share other personal information attached.
- Consent was provided verbally.

I, _____ hereby agree to and give permission to share my information with Skills2Advance. I give permission to the Skills2Advance to communicate with my referring agency about my involvement in Skills2Advance. This information will be kept private and strictly confidential.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
 (If participant is under 18 years old)