



SPECIAL PROJECTS REFERRAL FORM

1. Choose the special projects program you would like to refer your client to

OWL Program

Recent Grad Program

1 Week Computer Boot Camp

Other

REFERRING ORGANIZATION

2. Case Manager Name, Email Address & Phone Number

Cheryl MacKinnon

Christine Himmelman

Clark Jollymore

DeNeen Harold

Francoise Metras

Patricia Brooks

Other

CLIENT INFORMATION

3. Client First and Last Name (Preferred name if it is not the first name)

4. Client Email Address

5. Client Phone Number

6. Client's Preferred Method of Contact (email, phone)

7. Employment Dimension of the Client (Career Decision Making, Skills Enhancement, Job Search, Employment Maintenance)

8. Preferred Job Target(s) - OR CDM if undecided

9. Job Search Documents

Four options for each resume and cover letter

Resume

- Needs to be created from scratch;
- Needs to be customized;
- Could use small tweaks;
- Up to date, revised & effective

Cover Letter

- Needs to be created from scratch;
- Needs to be customized;
- Could use small tweaks;
- Up to date, revised & effective

10. Networking (1-never, 5-frequently)

11. Interviewing Skills (1-needs work, 5-excellent)

12. What is your client's strongest asset?

13. What does your client need the most assistance/help with?

14. What is client's educational background, what training and from what date?

15. Any mental/physical health concerns that would interfere with your client's participation in the program

16. Any accommodations that your client will require or can benefit from with while attending the program

17. Any notes to add, that have not been covered