



Scholars Employment Solutions Referral Form

FILE INFORMATION

For Office Use Only

Our File No:	Location:	Date of Referral:
Received By:		Start Date:

THIRD PARTY REFERRAL AGENCY

Name:	Title:	
Company:	Phone: ()	Fax: ()
Address:		Postal Code:
Industry Group: <input type="checkbox"/> WSIB <input type="checkbox"/> LTD <input type="checkbox"/> Casualty <input type="checkbox"/> Employer <input type="checkbox"/> ODSP <input type="checkbox"/> Private		

CLIENT INFORMATION

Name:	Date of Injury:	
Mailing Address:	Postal Code:	
Telephone: ()	Cell #	
Target Wage:	Target Occupation (SEB):	Language of Choice:
Injury / Impairment(s):		
Special Equipment for Classroom:		
Instructions for contacting client:		
Realistic Number of Hours of Training Per Day:		
Mode of Transportation to and from Centre:		

SES SERVICES

* Please Check All That Apply

ACADEMIC PROGRAMMING:

- Academic Upgrading Program
- GED Preparation Program
- High School Credit Facilitation Program
- College Preparation Program
- Qualified Tutoring

COMPUTER PROGRAMMING:

- Introduction to Computers Program

CERTIFIED PROGRAMMING:

Computer:

- Internet and Computing Core Certification (IC³)
- Microsoft Certified Application Specialist Program

Other:

- Certified Retail Sales Associate Program
- Certified Retail First Level Manager Program

RETURN TO WORK SERVICES:

- SafeAbility – Health & Safety Awareness Training
- JSTP – 4-week Job Search Training Program
- CJST – 1-week Creative Job Search Techniques
- Special Work Placement
- Placement Services
- Work Placement Program
- Job Coaching Services

