CAREER CONNECTIONS INC

Please email completed referrals to:
Tracy Martin at office@cciwestman.ca
or drop off in person at:
710 3rd St. Brandon, MB R7A 3C8

Participant Must Identify a Disability in Order to Apply

First & Last Name:

Pronouns (He/Him, ETC):

Phone:

Email Address:

Other Names Previously Gone By:

Name on SIN Card (Required):

SIN Number (Required):

Address:
House/Unit: **P.O Box:**
Street:
City:
Postal Code:

Date of Birth (MM/DD/YYYY):

Gender Identity (Please Check)
Male ☐ **Female** ☐
Other: **Non Binary** ☐

Emergency Contact Name:
Relationship:
Phone:
Address:

Marital Status (Please Check)
Single ☐ **Married/Equivalent** ☐
Widowed ☐ **Not Declared** ☐

Vocational/Pro-3000 Assessment Completed?
Yes ☐ **Year:** _____
No ☐

Dependents (Please Check) **If Yes #:**
Yes ☐ **No** ☐
Not Declared ☐

Referral Source (Please Provide Agency Name):
Self ☐
Agency ☐

Name:
Phone:
Email:

Initial Vocational Goals (Skills to Find a Job, Maintain a Job, Perform Specific Task, ETC):

BIPOC
First Nation Status ☐
First Nation Non-Status ☐
Metis ☐
Inuit ☐
Decline to Answer ☐
Registered On-Reserve ☐
Registered Off-Reserve ☐
Newcomer/Immigrant ☐
Country: _____
Is The Participant a Visible Minority? ☐

Requested Services/Supports:
☐ **Bus Training** ☐ **Support on the Job**
☐ **PAES Program**
☐ **Pre-Employment Prep**
☐ **Job Search** ☐ **Help Advocating**

What is Participant's Current Employment Status
Last Time Worked? (Include Wage and Hours Per Week)

☐ **Employed** **Wage:**
☐ **Not Employed** **Hours:**

Formal Diagnosis/Self Diagnosis/Special Conditions: (Please list your Primary Disability first followed by any Additional Disabilities.) Please attach any additional or supportive documents that may assist the Employment Counsellor in providing employment services to the participant.

- ☐ Anxiety
- ☐ Depression
- ☐ ADD/ADHD
- ☐ Learning Disability
- ☐ Autism
- ☐ Intellectual Disability
- ☐ Psychiatric
- ☐ Physical

Other (Please Identify):

Criminal Record	Yes	☐	Restrictions (If Yes provide information below)	Yes	☐
	No	☐		No	☐

Restrictions:

Child Care Arrangements	Yes	☐	If Yes, Provide Details:
	No	☐	

Is the participant being supported through any other agencies? If yes, please list types of services/supports:

- ☐ Jobs on 9th
- ☐ Community Mental Health
- ☐ Huddle
- ☐ Brandon Friendship Centre
- ☐ WIS
- ☐ SERC

Other (Provide Name of Agency):

Support Worker Name: ☐ CLDS Other:

Phone Number:

Email:

Social Assistance	Yes	☐	EIA Worker Name:	☐	General EIA
	No	☐	Phone Number:	☐	Disability

EIA Number:

Employment Insurance: Yes ☐ No ☐

Transportation	Driver's License	Yes	☐	Own a Vehicle	Yes	☐	Use Bus	Yes	☐
		No	☐		No	☐		No	☐

Additional Information for Transportation:

High School Diploma	Yes	☐	Highest Grade Completed:	Modified	Yes	☐	School Name: Location: Year:
	No	☐			No	☐	

Resume (If Yes, Please Attach to Intake Form or Bring With You At Your First Meeting):
☐ Yes
☐ No

If No Resume Exists, Please Provide The Following Information

Volunteer/Work Experience	Duties
Company: **Position:** **From:** **To:** **Reason For Leaving:**	
Volunteer/Work Experience:	**Duties**
Company: **Position:** **From:** **To:** **Reason For Leaving:**	