



**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**

|   |  |   |  |
|---|--|---|--|
| <b>First &amp; Last Name:</b>   |  | <b>Phone:</b>   |  |
| <b>Pronouns (He/Him, ETC):</b>  |  | <b>Email Address:</b>   |  |
| <b>Other Names Previously Gone By:</b>  |  | <b>Name on SIN Card (Required):</b>   |  |
| <b>Address:</b><br><b>House/Unit:</b> _____ <b>P.O Box:</b> _____<br><b>Street:</b> _____<br><b>City:</b> _____<br><b>Postal Code:</b> _____  |  | <b>SIN Number (Required):</b>   |  |
| <b>Emergency Contact Name:</b> _____<br><b>Relationship:</b> _____<br><b>Phone:</b> _____<br><b>Address:</b> _____  |  | <b>Date of Birth (MM/DD/YYYY):</b>  |  |
| <b>Vocational/Pro-3000 Assessment Completed?</b><br>Yes <input type="checkbox"/> Year: _____<br>No <input type="checkbox"/>   |  | <b>Gender Identity (Please Check)</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/><br>Other: _____ Non Binary <input type="checkbox"/>  |  |
|   |  | <b>Marital Status (Please Check)</b><br>Single <input type="checkbox"/> Married/Equivalent <input type="checkbox"/><br>Widowed <input type="checkbox"/> Not Declared <input type="checkbox"/>   |  |
|   |  | <b>Dependents (Please Check) If Yes #:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Not Declared <input type="checkbox"/>   |  |
| <b>Referral Source (Please Provide Agency Name):</b><br>Self <input type="checkbox"/><br>Agency <input type="checkbox"/>  |  | <b>Name:</b> _____<br><b>Phone:</b> _____<br><b>Email:</b> _____  |  |
| <b>Initial Vocational Goals (Skills to Find a Job, Maintain a Job, Perform Specific Task, ETC):</b>   |  |   |  |
| <b>BIPOC</b><br>First Nation Status <input type="checkbox"/><br>First Nation Non-Status <input type="checkbox"/><br>Metis <input type="checkbox"/><br>Inuit <input type="checkbox"/><br>Decline to Answer <input type="checkbox"/><br>Registered On-Reserve <input type="checkbox"/><br>Registered Off-Reserve <input type="checkbox"/><br>Newcomer/Immigrant <input type="checkbox"/><br>Country: _____<br>Is The Participant a Visible Minority? <input type="checkbox"/> |  | <b>Requested Services/Supports:</b><br><input type="checkbox"/> Bus Training <input type="checkbox"/> Support on the Job<br><input type="checkbox"/> PAES Program<br><input type="checkbox"/> Pre-Employment Prep<br><input type="checkbox"/> Job Search <input type="checkbox"/> Help Advocating |  |
|   |  | <b>What is Participant's Current Employment Status</b><br><b>Last Time Worked? (Include Wage and Hours Per Week)</b><br><br><input type="checkbox"/> Employed Wage: _____<br><input type="checkbox"/> 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.**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Depression              | <input type="checkbox"/> Physical    |
| <input type="checkbox"/> ADD/ADHD                | Other (Please Identify):             |
| <input type="checkbox"/> Learning Disability     |                                      |
| <input type="checkbox"/> Autism                  |                                      |
| <input type="checkbox"/> Intellectual Disability |                                      |

|                        |                              |                             |   |                              |                             |
|------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| <b>Criminal Record</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>Restrictions ( If Yes provide information below)</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|

**Restrictions:**

|                                |                              |                             |                                 |
|--------------------------------|------------------------------|-----------------------------|---------------------------------|
| <b>Child Care Arrangements</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>If Yes, Provide Details:</b> |
|--------------------------------|------------------------------|-----------------------------|---------------------------------|

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

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Jobs on 9th               | <input type="checkbox"/> WIS    |
| <input type="checkbox"/> Community Mental Health   | <input type="checkbox"/> SERC   |
| <input type="checkbox"/> Huddle                    | Other (Provide Name of Agency): |
| <input type="checkbox"/> Brandon Friendship Centre |                                 |

**Support Worker Name:** ☐ CLDS **Other:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

|                          |                              |                             |  |                    |
|--------------------------|------------------------------|-----------------------------|--|--------------------|
| <b>Social Assistance</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>EIA Worker Name:</b> <input type="checkbox"/> | <b>General EIA</b> |
|                          |                              |                             | <b>Phone Number:</b> <input type="checkbox"/>    | <b>Disability</b>  |

**EIA Number:** \_\_\_\_\_

**Employment Insurance:** Yes ☐  
No ☐

|                       |                         |                              |                             |                      |                              |                             |                |                              |                             |
|-----------------------|-------------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|
| <b>Transportation</b> | <b>Driver's License</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>Own a Vehicle</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>Use Bus</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----------------------|-------------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|

**Additional Information for Transportation:**

|                            |                              |                             |                                 |  |                 |                              |                             |                     |
|----------------------------|------------------------------|-----------------------------|---------------------------------|--|-----------------|------------------------------|-----------------------------|---------------------|
| <b>High School Diploma</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>Highest Grade Completed:</b> |  | <b>Modified</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>School Name:</b> |
|                            |                              |                             |                                 |  |                 |                              |                             | <b>Location:</b>    |
|                            |                              |                             |                                 |  |                 |                              |                             | <b>Year:</b>        |

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 |
|---|--------|
| <div>Company:</div> <div>Position:</div> <div><div>From:</div><div>To:</div></div> <div>Reason For Leaving:</div> |        |
| Volunteer/Work Experience:  | Duties |
| <div>Company:</div> <div>Position:</div> <div><div>From:</div><div>To:</div></div> <div>Reason For Leaving:</div> |        |