

Referring Party's Information		
Referred by:	Email:	
Phone:	Relationship to Youth:	
Participant Information (to be completed by the referring party)		
Name:	Age:	DOB (dd/mm/yyyy):
Gender:	Pronoun (eg. he, she, they):	
Email:	Phone: <i>(please note if cell or home)</i>	
Home Address:		
Postal Code:	SIN:	
School:	Current Grade:	
<b>Disability/Mental Health Description(s):</b>		
Transport		
Can participant successfully use public transportation on their own?	<b>Yes</b>	<b>No</b>
How will the participant get to the program most of the time?		
Contacts		
Primary Parent/Guardian Contact:	Relation to Participant:	
Email:	Phone:	
What language is spoken at home: <b>English</b> <b>French</b> <b>Other:</b>		
Are the youth's parents/guardians willing to support real work for real pay? <b>Yes</b> <b>No</b>		
Emergency Contact (if different than above):	Daytime Phone:	
Other professionals or programs the youth is involved with:		

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**Program Participation and Expectations (to be completed by or with the youth)**

Previous Work/Volunteer Experience:

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Current areas of interest:

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Reason(s) why I want to join TeenWork:

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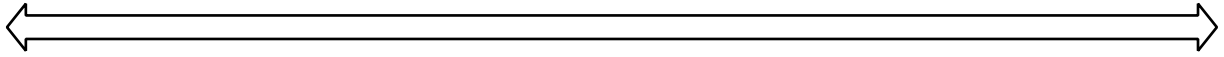
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**The answers to the following questions will NOT negatively affect your admission to the program. They WILL be used to help us support you more effectively.**

Are you motivated to learn and work?	<b>Yes</b>	<b>No</b>
Are you able to commit to searching for a long-term part-time job that will continue over the school year and summer? (i.e. not registering in TeenWork to find a summer job only or to complete a Work Experience for school)	<b>Yes</b>	<b>No</b>
Do you demonstrate safety in the community for self and others (e.g. Traffic safety, interacting with strangers appropriately, etc.)	<b>Yes</b>	<b>No</b>
Are you independent in personal care?	<b>Yes</b>	<b>No</b>
Is finding work a priority (i.e. over social activities, family vacation, etc.)?	<b>Yes</b>	<b>No</b>
Are you able to work and participate in a group setting?	<b>Yes</b>	<b>No</b>
Are you able to follow simple directions and instructions?	<b>Yes</b>	<b>No</b>
Are you able to complete class work as required (with support if needed)?	<b>Yes</b>	<b>No</b>

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Mark an X on the scale below to help describe your current language abilities



- Able to understand instructions with multiple steps
- Able to speak clearly
- Writes independently

- Significant difficulty understanding simple instructions with few steps
- Non-verbal or significant difficulty speaking clearly
- Needs support to write

Notes:

How did you hear about TeenWork?

- From a support worker
- Read about the program online
- From a friend/family member
- Social media
- Service provider

**For Office Use Only**

Date received:

Date first contacted for EOI:

How first contacted:

Staff who first contacted:

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