

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:	
Teacher:	Email:	
Disability/Mental Health Description(s):		
Transport		
Can participant successfully use public transportation on their own?	Yes	No
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?	Yes	No
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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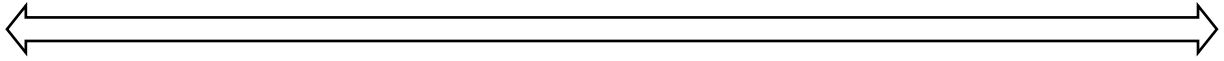
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**The answers to the following questions will NOT negatively affect your admission to the program. They WILL be used to help us support you more effectively.**

Are you motivated to learn and work?	Yes	No
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)	Yes	No
Do you demonstrate safety in the community for self and others (e.g. Traffic safety, interacting with strangers appropriately, etc.)	Yes	No
Are you independent in personal care?	Yes	No
Is finding work a priority (i.e. over social activities, family vacation, etc.)?	Yes	No
Are you able to work and participate in a group setting?	Yes	No
Are you able to follow simple directions and instructions?	Yes	No
Are you able to complete class work as required (with support if needed)?	Yes	No

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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:

For Office Use Only
Date received:
Date first contacted for EOI:
How first contacted:
Staff who first contacted:

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