

Date: _____

Referring Party's Information

Referred by: _____ Email: _____

Phone Number: _____ Relationship to Referral: _____

Participant Information

Name:	Date of Birth:
Disability/ Mental Health Description(s):	
Gender:	Current Grade:
School:	Can participant successfully use public transportation on their own? Y N
Home Address:	Postal Code:
Phone Number:	Email:
Primary Contact:	Relation to Participant:
Phone Number:	Email:

****Please Note:** TeenWork is a small-scale program and does not hold a traditional waitlist.

Current areas of interest: _____

Reasons why I want to join TeenWork: _____

Other professionals/ programs involved: _____

Additional information that may assist in employment placement (e.g. areas where support is required, barriers to employment): _____

For Office Use Only

Date first contacted for Expression of Interest: _____

How first contacted: _____

Who first contacted (TeenWork staff): _____