



Referral Form – WORK EXPERIENCE

Applicant Information

Full Name: _____
Last First M.I.

Source of Income: PWD PPMB IA CPPD Savings Spouse/Family
 WCB Benefits Insurance Benefits ICBC Employment _____
Other:

Phone: _____ Email: _____

Case Manager Information

Name: _____ Agency: _____

Address: _____

Phone: _____ Email: _____

Work Placement Information

Employer Name (Company Name): _____ Client's Job Title: _____

From: _____ To: _____ No. of Months _____ WorkSafe Certified? YES NO

Percentage of Wage Subsidy

Is the employer willing to pay the MERCs? YES NO

Wage Subsidy Percentage Wage Per Hour Hours Per Week

Participant Consent to Collect, Use and Disclose Information

Personal Information collected on this form is collected under the authority of section 26 (c) of the Freedom of Information and Protection of Privacy Act and is subject to all the provisions of that Act.

I declare that the information given in this application is true to the best of my knowledge, for the purpose of participation in Opportunities Fund Program. I further authorize Service Canada and BC Centre for Ability to confirm the attached information by contacting any of the individuals or organizations listed in my application. I also hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from the following:

Referring Agency, Employers (both current and potential), Schools, Parent, Guardian or Legal Representative

Agency Name: _____

Employer(s): _____

Other (please specify relationship): _____

Participant Signature: _____ Date: _____

*Please note: This information will be used for the purpose of vocational planning, evaluation of requests for funding and job search support including Work Experience/Wage Subsidy. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties.

*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party.



Case Manager Rationale – WORK EXPERIENCE

Case Manager Information

Case Manager Name: _____ Agency: _____
 Phone: _____ Email: _____

Applicant Name: _____

Employer Information

Business Name:	_____	Legal Name of Business:	_____
Business Registration No.	_____	No. of Employees:	_____
WCB Rate Per \$100:	_____	Firm or Account No.:	_____
Business Address:	_____		Postal Code: _____
Phone:	_____	Fax:	_____
Email Address:	_____	No. of years in Business:	_____
Name of Contact Person:	_____	Direct Line:	_____
Name of Bookkeeper:	_____	Direct Line:	_____

	YES	NO
Does the employer have liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the position left vacant due to an industrial dispute?	<input type="checkbox"/>	<input type="checkbox"/>
Is the position going to replace a worker that has been laid-off and awaiting recall?	<input type="checkbox"/>	<input type="checkbox"/>
Is the position going to displace another worker?	<input type="checkbox"/>	<input type="checkbox"/>

1. What is the applicant's job title and main duties?

2. Why does the employer need a wage subsidy? *(Check all that apply)*
 - Employer is willing to provide additional supervision and training
 - Applicant lacks formal training and credentials for the job
 - Applicant has a considerable time gap in work history
 - Employer is willing to provide accommodation for the applicant's disability

3. Is there potential for employment to continue after the wage subsidy?

*Please attach any other important information you feel would support your rationale for a wage subsidy.