



### Referral Form – TRAINING (LONG)

#### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Case Manager Information

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Training Information

School: \_\_\_\_\_ Course: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ No. of Months \_\_\_\_\_ Payment Due Date \_\_\_\_\_

\*NOTE: Please include a **Letter of Acceptance** from your training institution, or provide documentation providing the start and end date of your program and a list of school-related costs.

#### Cost Share (If Applicable)

Is this a Cost Share? YES  NO  Cost Share Amount \_\_\_\_\_ Cost Share Partner \_\_\_\_\_

#### 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: \_\_\_\_\_

Training Institution: \_\_\_\_\_

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 – TRAINING (LONG)

### Case Manager Information

Case Manager Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name: \_\_\_\_\_

### Work Experience Information

A Work Experience is an agreement between the applicant, the employer and Opportunities Fund in which the employer receives a wage subsidy or gives written consent for job coaching.

1. What is the applicant's target occupation? Why is this job goal the best fit for the applicant?
  
  
  
  
  
  
  
  
  
2. What are the skills, qualifications and certifications that the applicant needs to obtain a work experience placement?
  
  
  
  
  
  
  
  
  
3. Does the applicant have other potential employers willing to take on work experience placement? Does the case manager or job developer have a list of employers they can reach out to after training is completed?
  
  
  
  
  
  
  
  
  
4. Aside from lack of credentials, what are the other reasons why the applicant has not found work in the past? How will the applicant address those barriers? (*Leave blank if there no other barriers*)
  
  
  
  
  
  
  
  
  
5. What is the client's disability and what accommodations would the applicant need from the training institution and/or the employer?
  
  
  
  
  
  
  
  
  
6. Are there any potential challenges in completing the training? (e.g. medical interventions, court cases, extended travel plans, or other commitments)

## Career Planning Guide – TRAINING (LONG)

### Case Manager Information

Case Manager Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

### Section 1: Work History and Credentials

7. Is the resume included in this application?

### Section 2: Background Information

8. Describe the disability and the impact the disability might have on employment.
9. What (if any) adaptive equipment does the applicant currently have?
10. What additional adaptive equipment (if any) is needed while in training or employment?
11. Please list anything that could prevent the applicant from completing training and transitioning into a work placement upon completion of training:
- Upcoming surgery or on a surgical waitlist
  - Court cases
  - Travel obligations/plans
  - Other commitments that could impact your training (please specify)

### Section 3: Labour Market Information (LMI)

1. What are the applicant's prospective employers willing to provide a work experience in the local area?

Attach at least 3 job postings that match the applicant's your work experience goals and highlight in the job posting the training program required in order to qualify or apply for the job.

## Section 4: Informational Interviews

If the applicant does not have a formal work experience or formal letter offer of employment, the “informational interview” is an excellent way to scout out potential work experience placements. It is accomplished by interviewing someone who does the type of job that you want to do. It is preferable to do an informational interview in person so that you can see the work environment and make direct observations. Reprint this section, if you are interviewing 2 or more employers. Other additional information may be sent as an attachment.

### Informational Interview - Employer

Occupation \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_ Date Contacted \_\_\_\_\_  
Business Name \_\_\_\_\_

1. Please describe the tasks that are performed during a normal work day.
2. Does this occupation require travel?
  - Frequently
  - Occasionally
  - Never
3. Please indicate which of the following best describes your terms of employment.
  - Casual
  - Temporary
  - Part-Time
  - Full-Time
  - Seasonal
  - Contract Employment
  - Shift Work
  - Other:
4. How many (*state the name of the occupation*) have you hired in the past year?
5. How many (*state the name of the occupation*) do you anticipate hiring in the next year?
6. Please comment on the demand for people working in this occupation and whether it is likely to change in the future.
7. What is the current starting wage or salary range for this occupation?

## Section 4: Informational Interviews (cont'd)

### Demands on the Job

1. What are the physical demands of this occupation (i.e. standing, lifting, climbing, etc.)?
2. What are the mental/emotional demands of this occupation (i.e. high stress, deadlines, difficult customers, etc.)?
3. Is it necessary to relocate in order to find employment in this field?

### Qualifications

1. What education and training does an applicant require to work in this field?
2. Which training institutions are most recognized in this field? Are there any you would **NOT** recommend?
3. Once my training is complete, in combination with my existing skills, what postings/jobs will I be qualified for?
4. Upon completion of this training, will I be qualified to apply for a work experience within your company, whereby Opportunities Fund will provide you with a wage subsidy?
5. Would it be possible to pursue this career by training on the job rather than through formal training?

## Section 4: Informational Interviews (cont'd)

### Informational Interview - Employee

Occupation \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_ Date Contacted \_\_\_\_\_  
Business Name \_\_\_\_\_

1. Please describe the tasks that you would perform during a normal work day.
2. What do you like most about this job?
3. Are there any major frustrations in this job?
4. What are the entry-level qualifications for getting hired?
5. What advice would you give a person coming into this job?
6. Is there a demand for workers in this field? Where would you suggest a new worker entering this field look for job postings and employment opportunities?
7. Which training institutes are the most recognized in this field?
8. Do you know anyone else I should interview?
9. Use this space to add information you have learned that will support your application for funding.

### Section 5: Training Options

	School #1	School #2	School #3
<b>Name of Institution</b>			
Start Date			
End Date			
No. of Months			
No. of Hours per Week			
Admission Requirements			
Admission Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Costs (in total)			
Textbook Costs (in total)			
Other Fees (please specify)			
Is there an alternative start date for this course?			
Is there a practicum component? Who is responsible to arranging the practicum?			
Are there disability services in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a scheduled school break during the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What mark is required for program graduation?			
What percentage of the graduates from the last class are currently working?			
What is the school policy regarding attendance?			
Does the school assist with placement after graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*NOTE: OPTIONAL STUDENT HEALTH AND DENTAL BENEFITS PLANS ARE NOT COVERED BY THE OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES. STUDENTS MUST PAY THESE COSTS THEMSELVES OR EXERCISE THE OPT-OUT PROVISION.**

## Section 6: First Training Choice

1. Which school is the applicant planning to attend?
  
2. What is the name of the program?
  
3. Why did the applicant choose this school?
  
4. What is the course start and end date for this program?
 

Start	End
  
5. What is the next start date for this program?
  
6. Has the applicant met all of the school's admission requirements? If no, please explain.
  
7. Please use this space to record any other information about this training choice that supports the funding application.



## Section 7: Financial Resources

Please include the cost of any disability supports such as adaptive equipment or other assistance that you may require to complete training. Funding is based on needs. The funded budget will be negotiated with your Opportunities Fund Community Coordinator.

### MONTHLY BUDGET WORKSHEET

NET MONTHLY INCOME			Monthly Expenses While in Training Only **Proof of expenses may be required	
	Applicant (A)	Spouse/Other (B)		
Employment Income			Rent/Mortgage	
Employment Insurance Benefits			Utilities (Gas, hydro, phone)	
BC Benefits (Circle Applicable) – IA, PPMB, PWD			Transportation (bus pass or equivalent only)	
Alimony/Child Support			Food	
Child subsidy/BC Benefits			Childcare costs	
Self-Employment Income			Medical, Dental (specify)	
Child Tax Benefits				
Pension/Retirement Income (Circle Applicable) – CPP, Disability, ICBC, WCB			Expenses which cannot be reimbursed by the Opportunities Fund	
Grants, HRSDC Allowances			Property Taxes	
Room, Board, Suite Rental			Credit Card Payments	
Trust Funds, Investment Income			Miscellaneous Expenses (clothing, haircuts, etc.)	
Subtotal			Life/Home Insurance	
Total Monthly Income (A + B)			Child support	
			Total Expenses (only include expenses covered by the Opportunities Fund)	
Source of Your Financial Contribution			Training Costs	
School Scholarships/Bursaries/Grants			Tuition	
Savings			Registration/Student Fees	
Investment Income			Books/Supplies	
RRSP			Exam Fees	
Parents/Relatives			Tools/Uniforms/Equipment	
Others (specify)			Other (specify)	
Total of Your Financial Contribution			Total Program Costs	
<b>Total of Your Financial Contribution</b>			<b>Total Training Costs</b>	

I declare the above information is true. Penalties and/or termination of sponsorship can result from knowingly providing false information

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_