
REFERRAL FORM FOR SERVICES/NEEDS ASSESSMENT

Please enclose all supporting documentation and ensure the participant's authorization form is signed prior to submission of this application. Failure to do so can delay the applicants' admission to this program

PERSONAL INFORMATIONName: _____
(Last) (First) (Middle)

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone: (902) _____

D.O.B.: ___ M ___ D ___ YR S.I.N.: ___ / ___ / ___

Emergency Contact: _____ Phone Number: (902) _____

E-mail Address: _____

CASEWORKER (if applicable)

- | | | | | | |
|---------------------|--------------------------|---------------|--------------------------|----------------|--------------------------|
| 1. DCS Sydney | <input type="checkbox"/> | Caseworker IA | <input type="checkbox"/> | Caseworker ESS | <input type="checkbox"/> |
| 2. DCS Glace Bay | <input type="checkbox"/> | Caseworker IA | <input type="checkbox"/> | Caseworker ESS | <input type="checkbox"/> |
| 3. DCS North Sydney | <input type="checkbox"/> | Caseworker IA | <input type="checkbox"/> | Caseworker ESS | <input type="checkbox"/> |
| 4. ENS | <input type="checkbox"/> | | | | |
| 5. Care Coordinator | <input type="checkbox"/> | SPD | <input type="checkbox"/> | | |
| 6. Other | <input type="checkbox"/> | | | | |

Caseworker Name: _____

Phone:(902) _____ Fax:(902) _____ Email Address: _____

EDUCATION HISTORY

Last Grade Completed: _____ Year: _____

Type of Program: _____ Name of School _____

Reason for Leaving: _____

EMPLOYMENT HISTORY

Most Recent Work Experience: _____

Position: _____

Job Description: _____

From: _____ to _____ Reason for Leaving: _____

PHYSICAL HISTORY

- | | |
|--|--|
| Physical Disability <input type="checkbox"/> | Vision <input type="checkbox"/> |
| Speech Impairment <input type="checkbox"/> | Hearing <input type="checkbox"/> |
| Intellectual Disability <input type="checkbox"/> | Learning Disability <input type="checkbox"/> |
| Other <input type="checkbox"/> | |

MENTAL HEALTH HISTORY

Long Term/Ongoing Past Present

ADDICTIONS

Gambling Drugs Alcohol

LEGAL HISTORY

No Criminal Charges Charges Pending On Parole On Probation

Have you ever been convicted of an offense of which you were not granted a pardon?

Yes No

COMMENTS



S.K.R.C. Bldg., 780 Upper Prince Street, Sydney, NS B1P 5N6

Ph.: (902) 539-8553 Fax.: (902) 567-0415
E-mail: horizon@ns.sympatico.ca

Information Consent Form

By signing below I confirm that:

I have read and understand the content of this Consent Form or that its content was read and completely explained to me.

I have received a copy of the information booklet outlining the Horizon Achievement Centre's Privacy Policy and Principles.

I hereby give my consent for Horizon Achievement Centre, its' funders, agents/contractors & staff (herein after called The Centre) to collect, and use information about me for the purpose of the preparation and/or the implementation of an Individual Service Plan, a Vocational Assessment and or employment development services. To facilitate the aforementioned services, I hereby give the Centre permission to share and disclose the collected information with agencies, training facilities, prospective work experience placements, and/or prospective employers.

There are no exceptions to the above as per Schedule A (Attached)

There are exceptions to the above and these exceptions are noted on Schedule B (Attached)

I understand that the personal information provided will not be collected, used, disclosed or shared for other purposes or with other parties not listed above unless I give my consent or as authorized or required by law.

That under the Privacy Act, I may obtain access to, request correction of, or make appropriate additions to the information.

That I may withdraw this consent at any time by writing to the Executive Director of the Horizon Achievement Centre using the contact information on the letterhead of this form.

Declaration:

I declare that I understand, that by my signature below I do hereby give permission to the Horizon Achievement Centre to use and store the information I have given in this application in accordance with the PIPED act and the terms outlined above. I declare that the information is true and complete to the best of my knowledge.

_____ Date _____

Print Name _____ Relationship (if applicable) _____

That I am the parent, guardian, or representative of _____ and have the legally recognized authority to act on his/her behalf.

The information that The Centre can collect, use, store, share, and disclose includes the following:

- Personal Data
- Education History
- Medical Information including illness, health, addictions and/or physical limitations
- Legal History
- Work Experience History
- Financial/Income Support
- Disabilities and/or Impairments
- Referral Agency
- Program evaluation

The items which fall under each of the above categories have been explained to me by _____ and I completely understand them.

Signed this _____ day of _____ 20__.

Schedule B

The following items are not to be shared or disclosed to _____ without my written permission:

Signed this _____ day of _____ 20__
