**Phoenix Print Shop Fundamentals of Print Referral Form**

**11 Ordnance Street, Toronto, ON M6K 1A1 – Tel: (416) 364-4716; Fax: (416) 364-2985**

The Phoenix Print Shop offers the 9-10 week hands on Fundamentals of Print Training Program to prepare and assist homeless and at-risk youth (between the ages of 16 and 29) in finding and keeping good employment in the printing industry.

This Referral Form should be submitted to:

Jim Woodbridge, Manager, Employment and Training T (416) 364-4716 x233; F (416) 364-2985; [jwoodbridge@evas.ca](mailto:jwoodbridge@evas.ca)

or

Marc Paquet, Program Coordinator T (416) 364-4716 x265; F (416) 364-2985; [mpaquet@evas.ca](mailto:mpaquet@evas.ca)

Once your Referral Form has been reviewed, you will be contacted to schedule an interview and tour of the print shop.

Referring Worker: Agency:

Telephone and Ext. #: Fax: E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been working with this individual?

|  |  |
| --- | --- |
| Name: |  |
| Email |  |
| Phone Number: | Can we leave messages on this number? YES NO |
| Today’s Date: | Please list any allergies: |
| Year of Birth: | Have you ever been eligible for Employment Insurance? YES NO |
| Highest level of school: | Do you have a SIN card? YES NO |
| Are you out of school? YES NO | Closest major intersection: |

**What is your housing situation?**

|  |  |  |  |
| --- | --- | --- | --- |
| O Living independently | O With family/guardian | O Shelter | O Other (Details): |

**Comments:**

**What is your source of income?**

|  |  |  |  |
| --- | --- | --- | --- |
| O Employed | O Ontario Works | O Employment Insurance | O ODSP |
| O PNA | O None | O Other (details): |  |

**Describe your work experience:**

|  |  |
| --- | --- |
| O No paid work experience | O Several jobs that lasted less than 1 year each |
| O Had a few short term jobs (all less than 6 months) | O Kept a job for more than two years |

**Comments:**

**Please select the barriers to employment you are facing (select all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| O Housing | O Not completing high school | O Conflict with the law | O Substance use |
| O Mental health | O Lack of skills/experience | O Lack of social support | O Street involvement |
| O Other(s) Please list: |  |  |  |

**Why are you interested in participating in a print industry training program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE OF INFORMATION – EVA’S PHOENIX**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby permit any exchange of information deemed appropriate between the Phoenix Print Shop, Eva’s Phoenix and: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** in order to support my participation in the Phoenix Print Shop training program. I understand that the information exchanged will be used for my benefit and handled in a discreet and confidential manner.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counsellor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_