



JOB SEEKER INFORMATION

Last Name: _____ **First Name:** _____

Date of Birth: _____

Address:

Street Address

Apartment/Unit #

City

Province

Postal Code

ADVOCATE INFORMATION

Last Name: _____ **First Name:** _____

Phone: _____ **Email:** _____

Relationship to Job Seeker: _____

REFERRAL CRITERIA

Disability or Diagnosis (check all that apply):

Intellectual Disability **Autism Spectrum Disorder** **Other** _____

Have any assessments been completed?

No Yes (if yes, please attach)

The following criteria must be provided to Avalon Employment prior to the initial intake:

- Must be 18 years or older; and,
- Copy of SIN, MCP, and/or Birth Certificate.

For Job Seekers identifying with an intellectual disability:

- Written documentation from a registered professional (i.e., physician or psychologist) that verifies a primary diagnosis and intellectual disability.

REFERRED BY

Last Name: _____ **First Name:** _____

Self **School** **Doctor** **Other**

Phone: _____ **Email:** _____

DATE OF REFERRAL

(YYYY/MM/DD): _____

Submit your referral to us via email or fax:

Email: services@avalonemploy.com | Phone: 1 (709) 579-4866 | Fax: 1 (709) 579-4892