



## Mentoring Skilled Newcomers Referral Form

Professional/Skilled Occupation:

Date Submitted:	Referral Agency:
First Name:	Last Name:
Date of Birth:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Address:	City: Postal Code:
	Phone Number:
Email Address:	
Arrival Date to Canada:	
Country:	Language(s):
Academic Assessments:	
Academic/Educational Credentials:	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Unemployed
Language Proficiency:	Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Written: <input type="checkbox"/> Basic <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Cover Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Oral: <input type="checkbox"/> Basic <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

Do you have transportation to attend meetings? Yes  No

Are you willing to commute out of the area? Yes  No

Are you willing to have a mentor whose occupation is outside your field? Yes  No

Referral Agency:

Employment Coach Name:

Contact Info:

Employment Service Provider Comments:

**Referring agency to submit by email or fax to:**

**Grand Erie Immigrant Employment Cooperative**

Vinesh Bhagat  
Program Coordinator  
**vinesh@workforceplanningboard.org**  
Telephone: 519-756-1116 ext. 223  
Fax : 519 756-4663

Jake Mann  
Program Assistant  
**jake@workforceplanningboard.org**  
Telephone: 519-756-1116 ext. 222  
Fax : 519 756-4663



1100 Clarence Street South, Suite 103B, P.O. Box 12, Brantford, Ontario N3S 7N8  
**Tel: 519-756-1116 Fax: 519-756-4663**