

Visions Employment Inc.
58 Glencoe Drive, Suite 101
Mount Pearl, NL
A1N 4S9

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Referral Form

The following criteria must be met before Visions Employment Inc. can proceed with an Intake.

- 18 years of age or older and have a primary diagnosis of a developmental disability
- Provide written documentation of diagnosis
- Ready and willing to work
- Upon securing employment transportation is the responsibility of the caregiver/family member
- Must provide SIN and MCP certification

Full Name: _____

Age: _____ Date of Birth: _____ Sex: M ___ F__

SIN: _____ MCP: _____

Current Mailing Address: _____

Parent/Caregiver Name(s): _____ Phone #: _____

Alternative contact in case of emergency: _____

Alternative # in case of emergency: _____

Social Worker: _____

Location: _____ Phone #: _____

Other Involved Professionals: _____

Primary Diagnosis (Developmental Disability): _____

Secondary Diagnosis (if applicable): _____

Name of Last School Attended: _____

Location: _____

Highest Grade Completed: _____

Other Training Received: _____

Previous Work Experience (Paid or Volunteer):

Have any Assessments been done on this individual? Yes__ No__ If YES, Please provide contact information.

Name: _____ Tel. No: _____

Pertinent issues/behaviours that could impact employment, such as Health/Medication, etc.

Able to provide Certificate of Conduct? Yes__ No__

Referral Made By: _____ Contact #: _____

Signature: _____

Date: _____