

SERVICE REFERRAL FORM

Complete this form and fax it to Grade Expectations Learning Centres toll free 1-800-410-2023 or e-mail to office@gradeexpectations.ca

CLIENT INFORMATION

Name	File # (if applicable)	Phone Number

3rd PARTY REFERRAL SOURCE INFORMATION (if applicable)

Company	Consultant	Phone Number	E-mail	Fax Number

How should assessment be sent: **email PDF with password** **e-mail PDF encrypted** **fax**

LOCATION: Please indicate by checking (✓) the location best suited for your client to participate

Location	PBAS#		Location	PBAS#
Ajax	100067407	<input type="checkbox"/>	Orangeville	100051970 <input type="checkbox"/>
Aurora	100063964	<input type="checkbox"/>	Orillia	100035555 <input type="checkbox"/>
Barrie North	100066133	<input type="checkbox"/>	Oshawa	100033091 <input type="checkbox"/>
Barrie South	100033303	<input type="checkbox"/>	Ottawa	100030408 <input type="checkbox"/>
Bowmanville	100070579	<input type="checkbox"/>	Owen Sound	100076588 <input type="checkbox"/>
Brampton East	100055328	<input type="checkbox"/>	Peterborough	100033500 <input type="checkbox"/>
Brampton South	100073456	<input type="checkbox"/>	Pickering	100030889 <input type="checkbox"/>
Brampton West	100035556	<input type="checkbox"/>	Rexdale	100032706 <input type="checkbox"/>
Burlington	100071891	<input type="checkbox"/>	Richmond Hill	100070984 <input type="checkbox"/>
Cambridge	100039353	<input type="checkbox"/>	Scarborough East	100049313 <input type="checkbox"/>
Chatham	100078427	<input type="checkbox"/>	Scarborough North East	100067704 <input type="checkbox"/>
Downsview	100069217	<input type="checkbox"/>	St. Catharines	100076953 <input type="checkbox"/>
Etobicoke	100031919	<input type="checkbox"/>	Scarborough West	100035575 <input type="checkbox"/>
Guelph	100062862	<input type="checkbox"/>	Stoney Creek	100032705 <input type="checkbox"/>
Kingston	100072149	<input type="checkbox"/>	Stratford	100076605 <input type="checkbox"/>
Kitchener	100033241	<input type="checkbox"/>	Thornhill	100030073 <input type="checkbox"/>
Kitchener Annex	100033241	<input type="checkbox"/>	Sudbury-North	100051400 <input type="checkbox"/>
Lindsay	100070990	<input type="checkbox"/>	Sudbury-South	100064835 <input type="checkbox"/>
London North	100069784	<input type="checkbox"/>	Timmins	100062797 <input type="checkbox"/>
London South	100064316	<input type="checkbox"/>	Toronto Central	100078060 <input type="checkbox"/>
Markham	100040902	<input type="checkbox"/>	Toronto West-Central	100039879 <input type="checkbox"/>
Mississauga Central	100063240	<input type="checkbox"/>	Waterloo	100067603 <input type="checkbox"/>
Mississauga East	100067745	<input type="checkbox"/>	Weston	100068266 <input type="checkbox"/>
Mississauga West	100030820	<input type="checkbox"/>	Whitby	100030975 <input type="checkbox"/>
Newmarket	100032703	<input type="checkbox"/>	Windsor	100068260 <input type="checkbox"/>
North Bay	100058454	<input type="checkbox"/>	Woodbridge	100033335 <input type="checkbox"/>
North York	100058458	<input type="checkbox"/>		

SERVICES REQUIRED - Please indicate by checking (✓) the program(s) which your client requires.

<p>Assessments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic Assessment <input type="checkbox"/> Official GED Assessment <input type="checkbox"/> Essential Skills Assessment <input type="checkbox"/> ESL Assessment <input type="checkbox"/> Computer Literacy Assessment <input type="checkbox"/> High School Transcript Analysis 	<p>Diploma Programs (course availability varies by campus)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting and Computer Applications Diploma <input type="checkbox"/> Customer Service Diploma <input type="checkbox"/> Executive Administrative Office Diploma <input type="checkbox"/> Medical & Clinical Office Assistant Diploma <input type="checkbox"/> Security Guard Diploma
<p>Introductory Job Training Programs (for 3rd party referred clients only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basics of Customer Service <input type="checkbox"/> Certified Customer Service Training Program <input type="checkbox"/> Foundational Dispatch Training Program <input type="checkbox"/> Basic Retail Training Program <input type="checkbox"/> Certified Retail Training Program <input type="checkbox"/> Office Assistant / Clerk Training Program <input type="checkbox"/> Cash Register Training Program <input type="checkbox"/> Call Centre Customer Service Training Program <input type="checkbox"/> APICS Inventory Clerk Training Program 	<p>Academic Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic / Essential Skills Upgrading <input type="checkbox"/> ESL Training <input type="checkbox"/> 1:1 Upgrading and Training <input type="checkbox"/> Ontario High School Credits & OSSD <input type="checkbox"/> Post Secondary Monitoring Services <input type="checkbox"/> College Preparation <p>Career Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Workplace Readiness Program <input type="checkbox"/> Job Search Training Program <input type="checkbox"/> Work Placements (for LMR referred clients only) <input type="checkbox"/> Job Coaching "Ready, Willing and Able"

TENTATIVE PROGRAM DATES

Start Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____

Comments:

REFERRING PARTY SIGNATURE: _____

DATE: _____