



Referral Form

WarehouseAbilities is an 11-week training program designed to address employment barriers faced by Persons with Disabilities, and prepare for sustainable employment in the high-demand warehousing sector. The program includes Fundamental Warehouse Operations training through the Universal Learning Institute, as well as hands-on work simulation in a real-life warehouse setting, key certifications, work experience opportunities, and more...

REFERRER INFORMATION			
Agency:		Agency Contact:	
Contact Phone:		Contact Email:	
I consent for a representative from Back in Motion - WarehouseAbilities to contact the person mentioned above, as it relates to my eligibility and participation in the Back in Motion WarehouseAbilities Program.			
Name:		Date:	
Signature:			
CANDIDATE DETAILS			
First Name:		Middle Name:	
Last Name:		Preferred Name:	
Phone:		Email:	
ADDITIONAL CANDIDATE INFORMATION			
How did you find out about WarehouseAbilities - Training for Persons with Disabilities?			
Are you looking for a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you receiving any EI or Unemployment Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently attending School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you identify as having a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected Person <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Status (Visitor Permit, Study Permit, Work Permit, etc.)		

Please send completed form to Back in Motion WarehouseAbilities at info@warehouseabilities.ca