

**Referral Intake to the Dartmouth Learning Network**

**Details:** 14 week program ends March 31 2015

Monday – Thursday 9:30 am to 11:30 am or 1:30 pm – 3:30 pm

**Return to:** Attention Karen Janik [admin@dartmouthlearning.net](mailto:admin@dartmouthlearning.net) or fax to (902) 464-3052

**Intake Assessments** January 7th & 8th, 14th, 21st 2015 by appointment only

200-260 Wyse Road, Dartmouth, NS B3A 1N3

(902) 463-9179

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| **PERSONAL INFORMATION** | | | | | | | |
| Name |  | | | | | | |
| Mailing Address |  | | | | | | |
| City |  | | | | | | |
| Province |  | | | | | | |
| Postal Code |  | | | | | | |
| Telephone Number |  | | Cell Phone Number | |  | | |
| Email Address |  | | | | | | |
| Date of Birth |  | | | | | | |
| **ACADEMIC BACKGROUND** | | | | | | | |
| Out of School for 1 Year | Yes | |  | | No |  | |
| Last School Attended |  | | | | | | |
| Year Left School |  | | | | | | |
| Grade Level Achieved |  | | | | | | |
| Upgrading Since Leaving School |  | | | | | | |
| Goals |  | | | | | | |
| **INTERESTED IN** | | | | | | | |
| Monday to Thursday | 9:30 am – 11:30 am |  | | 1:30 pm – 3:30 pm | | |  |
| Post Resume on Hire Local First website | Yes |  | | | No |  | |
| Interested in Work Placement | Yes |  | | | No |  | |
| **Referral Made By** | | | | | | | |
| Name |  | | | | | | |
| Position |  | | | | | | |
| DCS Office |  | | | | | | |
| Telephone |  | | Fax | |  | | |
| Email |  | | | | | | |
| Would like to receive weekly progress report | Yes |  | | | No |  | |