

**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 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 |  |