

BOB NEW REFERRAL FORM

- This form should be completed by a referral agency registered with BOB.
- Please complete this form when recommending a candidate for a BOB job opening/BusinessLinks training opportunity/CBA. Send it along with the candidate's resume and cover letter. If you are filling out the on-line form, upload your resume and cover letter before submitting.
- Applications received after the deadline and/or after the position has been filled will not be forwarded to the employer or training program.
- Should this applicant be hired, BOB will provide Post employment support, an Intervention in Contact IV.

REFERRAL AGENCY INFORMATION	
EMPLOYMENT COUNSELOR NAME:	
DATE:	
REFERRAL AGENCY:	
E-MAIL ADDRESS:	PHONE:
CASE MANAGER INFORMATION	
DOES THE APPLICANT HAVE A SERVICE CANADA CASE MANAGER?	<input type="checkbox"/> yes <input type="checkbox"/> no
IF INFO IS DIFFERENT FROM ABOVE, PLEASE PROVIDE NAME:	
EMAIL ADDRESS:	PHONE:
If the applicant does not have a Case Manager , we recommend that you refer them to a Service Canada location as well. As we are funded through Service Canada, all Supported Employment Program (SEP) participants need to be case managed. Our SEP program gives participants access to post employment support, services, and resources.	
APPLICANT'S INFORMATION	
APPLICANT'S NAME:	
COMPANY:	
POSITION/TRAINING APPLYING FOR:	
ATTENDING INDUSTRY NIGHT?	<input type="checkbox"/> yes <input type="checkbox"/> no
THIS CANDIDATE IS QUALIFIED/SUITABLE FOR THIS POSITION BECAUSE:	

FOR BOB'S USE ONLY	
DATE RECEIVED:	DATE PROCESSED:
INTERVIEWED?	HIRED?



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with Business

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