



# Learning Employment Action Plan (L.E.A.P) Referral Form

L.E.A.P is a federally funded employment program for youth & young adults facing barriers to employment developed by CBI Consultants. Please send this form to [leap@cbiconsultants.com](mailto:leap@cbiconsultants.com) upon completion.

Date:

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## Participant Information

Legal Full Name:

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Phone Number:

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Preferred Name (Optional):

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Home Address:

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Date of Birth:

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City:

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Email:

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Postal Code:

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Ethnicity (Optional):

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Languages Spoken (Optional):

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Preferred Pronouns (i.e., she, he, they, other):

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Do you have a Social Insurance Number (SIN)? Yes                      No

## Do you meet ALL the following criteria (mandatory)?

- Between 15 and 30 years of age (inclusive);
- A Canadian citizen, or permanent resident or a protected person as defined by the Immigration and Refugee Protection Act;
- Legally entitled to work in Canada; and
- Legally entitled to work according to the relevant provincial/territorial legislation and regulations

## Do you meet any of the following criteria? You must check at least one box to be considered for the L.E.A.P program. Check all that apply.

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|--|--|
| <input type="checkbox"/> Living with a disability (Physical, Mental or Developmental)                      | <input type="checkbox"/> LGBTQ2+   |
| <input type="checkbox"/> Living with Mental Health Challenges  | <input type="checkbox"/> Living in a low-income household                |
| <input type="checkbox"/> Indigenous person   | <input type="checkbox"/> Living with family care responsibilities        |
| <input type="checkbox"/> Affected by substance use   | <input type="checkbox"/> Living with low levels of literacy and numeracy |
| <input type="checkbox"/> Currently in, coming out of, or have had involvement in the justice system        | <input type="checkbox"/> Recent immigrant and/or refugee                 |
| <input type="checkbox"/> Early leavers from high school  | <input type="checkbox"/> Residing in a rural or remote location          |
| <input type="checkbox"/> Homeless or at risk of becoming homeless  | <input type="checkbox"/> Visible minority group                          |
| <input type="checkbox"/> Individual is either in or leaving care of the child welfare system               | Other: _____   |
| <input type="checkbox"/> Involuntary NEET for at least 6 months (not in Education, Employment or Training) |  |

## Learning Employment Action Plan (L.E.A.P) Referral Form

Do you require an interpreter, translator, alternate formats of documents and materials, or any other accommodation to help you be successful in this program?

Time off needed/Vacations planned in the next 6 months (i.e. times I will be unavailable for work; for example, vacation, medical)

What is your main motivation for wanting to join the L.E.A.P Program?

### Participant's Availability for Work Shifts

Please indicate your availability for work shifts below.

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Comments:

### Emergency Contact Information

Name:

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Home Address:

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Relationship to Participant:

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City:

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Email:

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Postal Code:

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Phone Number:

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### Referring Agency/Person Information (Optional)

Referred by:

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Email:

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Phone Number:

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Relationship to Referral:

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