



HOSPITALITY CAREER CATALYST (HCC) PARTICIPANT REFERRAL

WINDSOR LOCATION: 6955 Cantelon Drive Windsor ON N8T 3J9 Phone: 519-944-4900	Submit signed referral to Susan Snively Fax: 519-944-9184 Email: ssnively@uhc.ca
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REFERRING AGENCY/ORGANIZATION INFORMATION

Date of Referral (dd-mm-yyyy):

Name of Referring Agency/Organization:	
Contact Person:	Signature: _____ Fax: _____
Phone:	
Email:	

PARTICIPANT INFORMATION

Participant Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed Prov: _____ Postal Code: _____ Cell Phone: _____
Date of Birth (dd-mm-yyyy):	
Street Address:	
City:	
Phone:	
Email:	

ELIGIBILITY AND SUITABILITY

<p>The Hospitality Career Catalyst program will prepare adults age 18 or older for employment in the growing and exciting hospitality and tourism industry. All participants will:</p> <ul style="list-style-type: none"> • Receive an individualized ALIGN personality portraying for career exploration • Receive Industry-recognized certification such as: <ul style="list-style-type: none"> - <i>emerit</i> Workplace Essentials - Smart Serve - Food Safety - Service Excellence - WHMIS • Receive anti-violence and harassment training • Have the opportunity to meet with employers • Gain paid on-the-job experience and secure a job • Obtain access to top regional employers of exciting new job opportunities • Receive post-program employment support to help you retain the job 	Eligibility Individuals must be: <ul style="list-style-type: none"> • 18 or older at the time of registration • A resident of Ontario • Eligible to work in Canada • Available to participate on a full-time basis and seeking full-time employment upon completion
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CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PROTECTION PRIVACY ACT

I, _____ do hereby authorize _____

Participant Name Name of Referring Agency/Organization

to share and/or release any information/documents pertaining to my intake, approval or participation in the Hospitality Career Catalyst (HCC) program with the Unemployed Help Centre of Windsor Inc. I also hereby authorize the Unemployed Help Centre of Windsor Inc. to share and/or release information/documents with respect to my participation in the HCC program with the above-named referring agency/organization. This consent is given for the stated purpose and for no other purpose without my express written consent. I understand that I may change or cancel this authorization at any time, except for such action as has already been taken.

Participant Signature Date