

## Pre-apprenticeship Training for Autobody and Collision Damage Repair

### CLIENT REFERRAL FORM

Client Information		
Last Name:	First Name:	
Address (including Apartment/Unit number):		Postal Code:
Telephone no. (Home):	Telephone no. (Mobile):	
Email:		
Driver's Licence: <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="checkbox"/> N/A		
Age between 18 and 30: <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you Bondable? <input type="checkbox"/> YES <input type="checkbox"/> NO
Legally entitled to work in Canada: <input type="checkbox"/> YES <input type="checkbox"/> NO		
High School Diploma or Equivalency: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Agency Contact Information (Referred by)	
Name of Referral Agency:	Referral Date:
Agency Address:	
Contact Name:	Telephone no.:
Email:	
Comments:	

**AYCE Employment Services**  
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