

**TRAINING / EMPLOYMENT INTERVENTION REFERRAL**  
**Employment Insurance Entitlement**

**Fax to: (780) 495-7717**

**Organization Information:**

Name:	Date:
Contact Person:	Telephone Number: (    )       -

**Client Information:**

Name:	
Social Insurance Number:	Area Code/Telephone Number: (    )       -

**Training / Intervention Information:**

Type: <input type="checkbox"/> Skills Development <input type="checkbox"/> Job Creation <input type="checkbox"/> Self Employment	Training ID: 98
Start Date	End Date
Project RC:	

**Important: To prevent payment delays, please advise any full weeks when the client will not be attending course due to Christmas, Spring, Summer Breaks, etc.**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

_____	_____	_____
Printed Name:	Signature of Designated Authority:	Date: