



Parent Mentoring Program  
Innovation Fund  
Job Seekers  
Referral Form



**All fields are to be completed by the JSA**

**PART A**

Job Seeker's name: \_\_\_\_\_

Job Seeker ID: \_\_\_\_\_ Centrelink Reference Number (CRN): \_\_\_\_\_

Job Seeker's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name of JSA: \_\_\_\_\_ JSA Contact name: \_\_\_\_\_

JSA Street Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**PART B**

This section **must** be completed, if left blank the referral will be deemed invalid.  
Please tick the boxes where appropriate.

**Is the Job Seeker:**

- Aboriginal or Torres Straight Islander
- Have a disability
- CALD – Culturally and Linguistically Diverse Client

I give permission for the information on this form to be shared between Work Savvy Parents, the JSA and the Australian Government.

Job Seeker's Signature: \_\_\_\_\_

I certify that the applicant has been assessed as being suitable for the course above.

Signature of ESP Contact: \_\_\_\_\_

Please note that all referred clients will be assessed for suitability prior to the commencement of this program. For this reason not all clients will be successful. In the event of an unsuccessful client, Work Savvy Parents will immediately contact both the JSA and client.

**– Privacy and Confidentiality Notice –**

The information contained in this form is intended only for the nominated recipient. If you are not that person and receive this in error, please notify the sender as soon as possible.

**Please fax or email this referral to Work Savvy Parents once form has been completed and retain a copy of this form on file. Fax #: 1300 098 828**