

- Assessments**
- Pre Referral Assessment
- Diploma and Certificate Programs**
- Automotive Service Advisor*
- Computerized Accounting/Bookkeeping*
- Customer Service Associate*
- Inventory Control & Operations*
- Dispatch Operator*
- Security Guard*
- Office Administration+
- Health Office Administration
- Legal Office Administration
- Business Administration+
- Administrative Assistant+
- Accounting Payroll
- Administrator
- General Education**
- Customer Service for ESL Students
- Academic Upgrading
- ESL
- GED
- Introduction to MS Office
- Intermediate MS Office
- Foundational Computer Skills for ESL Students
- College Preparation
- * = Ongoing enrolment
+ = Program has speciality

WILLIS COLLEGE REFERRAL FORM

FILE INFORMATION

File No:	Location:	Date of Referral:
Received By:	Type of Service:	

REFERRAL SOURCE

Name:	Title:	
Company:	Phone: Ext:	Fax:
Address:		Postal Code:
Email:		
Industry Group: <input type="checkbox"/> Private <input type="checkbox"/> WSIB <input type="checkbox"/> Insurance <input type="checkbox"/> Employer <input type="checkbox"/> Second Career <input type="checkbox"/> Other		

STUDENT INFORMATION

Name: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Service ID #:	Date of Birth:
Mailing Address:	City:	Postal Code:
Phone:	Cell:	Date of Injury:
Student Email:	Target Occupation:	Injury/Impairment:



LOCATION

Toronto-Central * Miss/Etobicoke Matheson Brampton Barrie* Bracebridge Belleville*
 Scarborough* Vaughan London* Thunder Bay* Sarnia Sault Ste. Marie*
 Ottawa * Smith Falls* Cobourg* * = Ministry Approved Centre

SPECIAL INSTRUCTIONS/PROGRAM SPECIALITY

FOR OFFICE USE ONLY

Assessment Date:	Assessment Time:
File Received By: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Person <input type="checkbox"/> Mail <input type="checkbox"/> E-mail Date:	
Instructor:	Centre:
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

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1.888.711.3271 Fax: 416.410.7355

info@ptc-inc.ca

www.ptc-inc.ca