



Melbourne Citymission
Building Inclusive Communities

EET PATHWAY REFERRAL

Name: _____

Address: _____

Age: _____ Date of Birth _____

Cultural Identity _____ Male _____ Female _____

Language most spoken _____ Any Children? _____

Mobile: _____ Home Phone: _____

Length of Homelessness: _____ Referred by: _____

Other agencies involved: _____

What areas of your Employment Education and Training Pathway would you like assistance with?

- Resume writing
- Cover letter writing
- Job Search
- Occupation information/Qualification information
- Interview skill/techniques
- Course information
- Apprenticeships
- Other

Brief relevant education history: _____



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Brief relevant employment history: _____

What are your goals from this placement, and what assistance can the Step Ahead workers provide?: _____

Follow up: _____

Do you consent to you information being used for statistical purposes: Yes/No

Name: _____ Signed: _____ Date: _____

Worker: _____