



BC Centre for Ability Opportunities Fund Program

Case Manager Rationale for Training

2805 Kingsway
Vancouver, BC V5R 5H9
Contact your Community Coordinator for fax
number

CASE MANAGER NAME:	AGENCY:	CONTACT:
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RE: APPLICANT:

1. PLEASE DETAIL WHY THIS APPLICANT IS NOT CURRENTLY SUCCESSFUL IN FINDING WORK WITH PRE-EXISTING SKILLS. WHAT ARE THE APPLICANT'S LABOUR MARKET BARRIERS:

2. PREVIOUS EMPLOYMENT INTERVENTIONS, E.G. JOB CLUB, CAREER EXPLORATION, PREVIOUS TRAINING SPONSORSHIP:

3. TARGET OCCUPATION:

4. RETURN-TO-WORK ACTION PLAN STEPS, I.E. PROPOSED TRAINING AND JOB SEARCH SUPPORT TO ACHIEVE TARGET OCCUPATION:

5. DESCRIBE THE NATURE OF THE PARTICIPANT'S DISABILITY AND ACCOMMODATIONS NECESSARY TO COMPLETE TRAINING AND ENTER EMPLOYMENT. PLEASE ATTACH SUPPORTING DOCUMENTATION IF NECESSARY:

6. DOES THE PARTICIPANT HAVE ANY UPCOMING MEDICAL INTERVENTIONS, COURT CASES, EXTENDED TRAVEL PLANS OR SIMILAR COMMITMENTS THAT MIGHT IMPACT THEIR TRAINING?

7. OTHER RELATED INFORMATION, IF MORE SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES:

8. PLEASE ATTACH THE CLIENT CHECKLIST

If additional space is required, please attach an additional page
Please complete the form electronically and either mail for fax to the BC Centre for Ability