

netWORKri

E MAIL CUSTOMER REFERRAL FORMAT

PROCEDURES

- This form is to be used by netWORKri staff in making referrals to Contractors.
- Referrals can be made by any netWORKri office.
- The referring netWORKri staff member will first call the Contractor's contact person in accordance with the instructions on the Contextualized Training Fact Sheet. In the event that contact person cannot be reached, an alternative contact person will be called. In the event that second contact individual is not available it will be incumbent upon the Contractor's contact person to call the individual being referred for training to schedule an appointment within a reasonable timeframe.
- As soon as a referral is made to the Contractor, the referring individual will complete the E Mail Customer Referral Format.
- The referring individual will note the netWORKri location, his or her name and telephone number. In the box following this information, he or she will note the date of the referral, the contractor's name, the contract number (a listing of these numbers will be provided), the name of the program, the contact person at the contractor, along with their telephone number and email address.
- In the paragraph following that box, the referring individual will note the name of the customer being referred. Also, the customer's name is repeated with their telephone number and email address. This information is necessary if the customer is referred to the Contractor without prior notice to the contact person.
- The Contractor will then make a decision as to whether or not to enroll the individual into the program. If the decision is to enroll the individual, then the first box is checked and the scheduled date of enrollment is entered.
- If a decision is made not to enroll, then the second box is checked and the Contractor will note the reason for this decision.
- A third box is included in the event the Contractor has not as yet decided on whether or not to enroll or is waiting for additional information from the customer.

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(Please note the netWORKri referring staff member must contact the Contractor's contact person prior to sending this email.)

netWORKri Office location: _____

Referring Staff Member: _____

Telephone Number: _____

Date:	_____
Name of Contractor:	_____
Contract No:	_____
Name of Program:	_____
Contractor Representative:	_____
Telephone:	_____
Email:	_____

This is to confirm that _____ has been referred to you for consideration for entrance into the above program. This individual has been determined to be eligible for participation in your WIA contextualized training program. Please complete the following information and reply by email.

Name of Customer Referred for Program *Telephone No.* *Email Address*

<input type="checkbox"/>	Individual has been accepted and will begin the training program on _____.
<input type="checkbox"/>	Individual has not been accepted for the following reason (s): _____ _____ _____
<input type="checkbox"/>	Other _____ _____ _____
Name of Contactor Representative:	_____
Date of Reply:	_____