



## Professional Skills Training Referral Form

**Trainee Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Message Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Student Identification Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(SSN or Assigned Student Number)  
**Skills Training Job Title** \_\_\_\_\_  
**Physical Limitations/Disability** \_\_\_\_\_

**Training Site** \_\_\_\_\_  
**Skills Training Supervisor** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Vocational Consultant** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Length of Training**  
**From** (month/day/year) \_\_\_\_\_ **To** (month/day/year) \_\_\_\_\_  
**Are related classes part of the plan?** Yes ☐ No ☐  
**Monthly incentive to employer?** Yes ☐ No ☐  
**Insurance Carrier** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**NOTE:** Please attach to this form: (1) Authorized Training Plan; (2) Proposed Skills Training Curriculum; (3) Authorization for payment (AFP). Thank you!

**Mail to:** Lane Community College  
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Eugene, OR 97405-0640