



Going Places. Going Strong.

Thank you for contacting Dress for Success® Saskatoon for a suiting! Please complete the form below to schedule an appointment.

- ☐ Referral by Agency
☐ Self-Referral

REFERRAL FORM

Please e-mail this completed form to referrals@dfssaskatoon.org and rename the file to be the client's name. Ex. "Jane Doe"

Please provide 3 available times for possible suitings and please provide at least 3 days notice so appropriate clothing options can be prepared. Ex. "February 3rd after 3:00 pm."

PART 1: CLIENT INFORMATION

Client Name: _____ Today's Date: _____

Client Pronouns (optional): ☐ She/Her ☐ They/Them ☐ She/They ☐ Other: _____

Type of Suiting (choose one and see PART 2):

- ☐ Interview ☐ Employment ☐ Training Program (3 weeks to 2 months)
☐ Internship (3 months or longer) ☐ One-off (non-employment based)

**** Plan on a minimum of 1 hour for an Interview Suiting and up to 2 hours for an Employment Suiting.**

*Please understand that clients must be **on time** and **arrive alone** to be suited. No children or visitors are allowed.*

Home Address: _____ Postal Code: _____ Phone: _____

Email Address: _____

The following information will assist us to gather appropriate fashion pieces prior to the client's arrival

Circle Age Group: <18 18-24 25-30 31-40 41-50 50+

Circle pant size: 2 - 4 6 - 8 10 - 12 14 - 16 18 - 20 22 - 24 26+ 1X 2X 3X 4X

Circle Top size: 2 - 4 6 - 8 10 - 12 14 - 16 18 - 20 22 - 24 26+ 1X 2X 3X 4X

Circle shoe size: 4 5 6 7 8 9 10 11 12 Usual Shoe Width: ☐ Narrow ☐ Medium ☐ Wide

Height: _____ Weight: _____ (this allows us to supply select petite or tall fashion pieces, if available)

Check your preference: ☐ Skirted Suit/Coordinates ☐ Pant Suit/Coordinates ☐ Comfortable in either

Preferred colours to wear: _____ Disliked or unpreferred colours: _____

Special clothing needs (if applicable): _____

PART 2: EMPLOYMENT INFORMATION (If the client is searching for a job, do not fill out this section)

Interview date (for interview suiting) or start date (for employment suiting), with day, month and year: _____

Employer/Company: _____ Position: _____

PART 3: REFERRAL INFORMATION (Leave blank if Self-Referral)

Agency Name: _____ Contact Name: _____

Contact Agency Phone: _____ Authorized Signature: _____