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Vancouver, BC V6Z 1M4

ywcajobseeker.org/skillsmax  
skillsmax@ywcavan.org  
604-605-4666

## Referral Form

Please complete in full and send via email to [skillsmax@ywcavan.org](mailto:skillsmax@ywcavan.org).

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  BCEA  PWD

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ESC Catchment Area: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

How did the client find out about the Skills Max program?

Please Select Cycle:  November 14, 2017 (Warehousing)

Reason for Referral / Barriers to Employment / Additional Information:

Last Update: October 17, 2017