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ywcavan.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:

**Administration**

**Warehousing**

January 15, 2018

February 26, 2018

April 30, 2018

July 3, 2018

September 4, 2018

Reason for Referral / Barriers to Employment / Additional Information:

Last Update: December 2017