



2nd floor - 1256 Granville St.  
Vancouver, BC  
V6Z 1M4

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:	<b>Administration</b>	<b>Warehousing</b>
	September 4, 2018	June 25, 2018

Reason for Referral / Barriers to Employment / Additional Information:

Last Update: May 2018



Funding provided by the Government of Canada through the Canada-British Columbia Job Fund.