



Application for Coast Mental Health Culinary Skills Training Program



Applicant Information

Name: _____ Birthdate: _____

Address: _____

Phone Number: _____

Email: _____

Income Source: _____

Housing Situation (*circle one*): **Stable** **Unstable** (*explain below*)

Criminal Record (*circle one*): **Yes** (provide more info below) **No**

Medical Information

1) Do you have any Mental Health Diagnoses? **Yes** (fill out below, if yes) **No**

2) Current Medications:

3) Mental Health or Other Supports (*Please provide names, title and contact number of any individuals you are connected to, in regards to your mental health*)

Name: _____

Title: _____

Phone Number: _____

Name: _____

Title: _____

Phone Number: _____

Name: _____

Title: _____

Phone Number: _____

****Please email application to culinaryprogram@coastmentalhealth.com, fax to 604.681.1125, or drop off at 337 West Pender, Vancouver BC (between 9am-3pm). Thank you****

Program Information

1) Briefly describe your strengths and skills that would make you a suitable participant for the Youth Food Program.

Strengths: _____

Skills: _____

2) What are some challenges/barriers (*addiction, mental health, finances...*) you currently face, that may make it difficult for you to obtain employment?

3) Why are you interested in participating in the Youth Food Program?

4) Please provide any further information, qualifications or skills that you feel make you a good candidate for the Youth Food Program.

Signature: _____ **Date:** _____

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