



# Application for Coast Mental Health Culinary Camp



## Applicant Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Income Source: \_\_\_\_\_

Are you legally able to work in Canada?(select one):     **Yes**     **No** (*explain below*)

\_\_\_\_\_

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

\_\_\_\_\_

Criminal Record (*select 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: \_\_\_\_\_

**\*\*Please email application to [Margaret.Flynn@coastmentalhealth.com](mailto:Margaret.Flynn@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 Culinary Camp .

**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 Culinary Camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please put a #1 for your first choice of dates and #2 for a second choice. We will do our best to accommodate all requests.

	April 18-20
	May 9-11
	May 23-25
	June 6-8
	June 20-22
	July 11-13