



Application for Coast Mental Health Culinary Camp



Applicant Information

Name: _____ Birthdate: _____

Address: _____

Phone Number: _____

Email: _____

Income Source: _____

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: _____

Program Information

****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****

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.

	January	10 th -12 th
	January	24 th -26 th
	February	7 th -9 th
	February	21 st -23 rd
	March	7 th - 9 th
	March	21 st -23 rd

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