

## Adult Literacy Program Learner Application

Date

|                            |     |  |     |  |     |  |
|----------------------------|-----|--|-----|--|-----|--|
| <b>Contact Information</b> |     |  |     |  |     |  |
| Name                       |     |  |     |  |     | The best way to contact me is by:<br><input type="checkbox"/> e-mail<br><input type="checkbox"/> home phone<br><input type="checkbox"/> work phone<br><input type="checkbox"/> other (specify)<br>_____<br>- |
| Address                    |     |  |     |  |     |  |
| Telephone                  | (h) |  | (w) |  |     |  |
| E-mail address             |     |  |     |  |     |  |
| Date of Birth              | (d) |  | (m) |  | (y) |  |

**When can you come?**

|   |   |  |   |
|---|---|--|---|
| <b>Captain William Spry</b><br><i>10 Kidston Road ~ 490-5715</i>  | <b>Halifax North</b><br><i>2285 Gottingen St. ~ 490-6557</i>  | <b>Keshen Goodman</b><br><i>330 Lacewood Dr. ~ 490-6408</i>                                      | <b>Central Library</b><br><i>5440 Spring Grdn. ~ 490-5990</i>   |
| <u>Tuesdays</u><br><input type="checkbox"/> 1 - 3 pm<br><input type="checkbox"/> 5:30 - 8:30 pm<br><u>Wednesday</u><br><input type="checkbox"/> 9:30 - 11:30 am<br><input type="checkbox"/> 1 pm - 3 pm | <u>Wednesdays</u><br><input type="checkbox"/> 12 - 3 pm<br><input type="checkbox"/> 6 - 9 pm<br><u>Fridays</u><br><input type="checkbox"/> 10 am - 1 pm | <u>Thursdays</u><br><input type="checkbox"/> 1 - 4 pm<br><input type="checkbox"/> 5:30 - 8:30 pm | <u>Thursdays</u><br><input type="checkbox"/> 3 - 6 pm<br><input type="checkbox"/> 6 - 9 pm<br><u>Fridays</u><br><input type="checkbox"/> 2 - 5 pm |

**Where did you hear about this program?**

|   |  |
|---|--|
| <input type="checkbox"/> From a friend or relative<br><input type="checkbox"/> From a community agency<br>(which one? _____)<br><input type="checkbox"/> On the Library Website<br><input type="checkbox"/> On a poster in the library<br><input type="checkbox"/> On a poster in the community | <input type="checkbox"/> In a newspaper<br><input type="checkbox"/> On the radio<br><input type="checkbox"/> On the internet<br><input type="checkbox"/> I have participated previously<br><input type="checkbox"/> Other<br>_____ |
|---|--|

|                         |                                  |              |
|-------------------------|----------------------------------|--------------|
| <b>PROGRAM USE ONLY</b> | Matched with _____<br>Date _____ | Notes: _____ |
|-------------------------|----------------------------------|--------------|

**Some things about you:**

|  |   |
|--|---|
| <b>I want to improve my</b> <ul style="list-style-type: none"><li><input type="checkbox"/> reading skills</li><li><input type="checkbox"/> writing skills</li><li><input type="checkbox"/> computer skills</li><li><input type="checkbox"/> math skills</li><li><input type="checkbox"/> self-confidence</li><li><input type="checkbox"/> life skills</li><li><input type="checkbox"/> other</li></ul> | <b>What are your long-term learning goals?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> become a fluent reader</li><li><input type="checkbox"/> finish high school</li><li><input type="checkbox"/> write the GED test</li><li><input type="checkbox"/> get into another program<br/>(which one? _____)</li><li><input type="checkbox"/> do training for my job</li><li><input type="checkbox"/> find a job</li><li><input type="checkbox"/> help my children with their homework</li></ul> |
|--|---|

**What is your educational background?**

**What hobbies and interests do you have?**

**Learner Agreement**

During my time as a participant in the Adult Learning Program, I will do my best to attend tutoring sessions regularly and will treat my tutor, Program Coordinator and other learners with respect.

|               |  |             |  |
|---------------|--|-------------|--|
| <i>Signed</i> |  | <i>Date</i> |  |
|---------------|--|-------------|--|