

# Service Registration - **Learner Management** Form

Nova Scotia School for Adult Learning (NSSAL)

CLO and FN

## Person Information

Title:  Mr.  Mrs.  Ms.  Miss

SIN:

Last name:

First name:

Middle initial:

Gender:

Male

Female

Other/X

Prefer not to report

Alias (if applicable):

Marital status:

Common-Law

Divorced

Married

Single

Separated

Widowed

Annulled Marriage

Prefer not to report

Other

Birth date:

Home phone number:

Mobile phone number:

Email address:

Service language:

English

French

Other language:

English

French

## Mailing Address

Care of:

Street address:

City:

Province:

Country:

Postal/Zip code:

## Civic Address (if different than mailing address)

Street address:

City:

Province:

Country:

Postal/Zip code:

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## Referral Information

### How did you hear about us?

- Advertising       Friend or family (word of mouth)       I've worked with NSSAL before  
 Search engine       Referred by another organization       Social media  
 Other \_\_\_\_\_

### What organization referred you?

### Who is your contact?

### What is their phone number?

## Eligibility Information

### Do you currently reside in Nova Scotia? (Choose One)

- Yes       No

### What is your current status in Canada? (Choose One)

- Canadian Citizen       Permanent Resident  
 Other \_\_\_\_\_

### Do you meet the NSSAL Programs Age Requirements (18+)? (Choose One)

- Yes       No

### Are you currently in school? (Choose One)

- Yes       No

### Are you sufficiently proficient in speaking / listening in the language of instruction to benefit fully in the NSSAL Program? (Choose One)

- Yes       No

## Additional Information

### What language do you wish to correspond in?

- English       French

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## What is your preferred correspondence method?

- Email  Regular Post  
 Telephone

**Emergency Contact Name:**

**Emergency Contact Phone Number:**

**Do you consider yourself to be a member of any of the following designated groups?**

### Indigenous (Choose One)

- Yes  No  
 Prefer not to Report

### Persons with Disability (Choose One)

- Yes  No  
 Prefer not to Report

### Francophone (Choose One)

- Yes  No  
 Prefer not to Report

### Acadian (Choose One)

- Yes  No  
 Prefer not to Report

### African Nova Scotian (Choose One)

- Yes  No  
 Prefer not to Report

### African Descent (Choose One)

- Yes  No  
 Prefer not to Report

### Immigrant (Choose One)

- Yes  No  
 Prefer not to Report

**Immigration Year**

### Visible Minority (Choose One)

- Yes  No  
 Prefer not to Report

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## Current Situation

**Which best describes your employment status? (Choose One)**

- |   |  |
|---|--|
| <input type="checkbox"/> About to be Unemployed | <input type="checkbox"/> Employed                |
| <input type="checkbox"/> Self Employed          | <input type="checkbox"/> Unemployed              |
| <input type="checkbox"/> Unknown                | <input type="checkbox"/> Not in the labour force |

**Is your current job unstable or insecure? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**How many dependents do you have?**

## Employment Insurance (EI) Benefit Information

**Are you currently receiving EI Benefits? (Choose One)**

- |                                  |                             |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> Yes     | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |                             |

**Have you received EI Benefits within the last 60 months? (Choose One)**

- |                                  |                             |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> Yes     | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |                             |

**Have you been employed with gross insurable earnings of \$2000 or higher annually, in at least 5 of the previous 10 years? (Choose One)**

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes                  | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to Report |                             |

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## Service Participation

### Why did you discontinue (leave) school?

- |  |   |
|--|---|
| <input type="checkbox"/> Life situation            | <input type="checkbox"/> Young and did not realize how important it was |
| <input type="checkbox"/> Found it really difficult | <input type="checkbox"/> Do not know                                    |
| <input type="checkbox"/> Other _____               |   |

### Have you taken any upgrading programs since you left school?

- |  |  |
|--|--|
| <input type="checkbox"/> No                              | <input type="checkbox"/> NSCC                        |
| <input type="checkbox"/> Community learning organization | <input type="checkbox"/> Université Sainte-Anne      |
| <input type="checkbox"/> Adult high school               | <input type="checkbox"/> Employment training centers |
| <input type="checkbox"/> Others                          |  |

### Are there any other agencies assisting you with education and employment-related needs or planning?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### What is your long-term goal that you're hoping this program will help you achieve? (Choose one)

- |   |   |
|---|---|
| <input type="checkbox"/> Get a Job                  | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Get my High School Diploma | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Get my CAEC                | <input type="checkbox"/> Enroll in a Trade    |
| <input type="checkbox"/> Pursue Post secondary      | <input type="checkbox"/> Not Sure             |
| <input type="checkbox"/> Other _____                |   |

### How do you think NSSAL can help you achieve this goal? (Choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Prepare for CAEC                      | <input type="checkbox"/> Improve reading/writing skills |
| <input type="checkbox"/> Obtain additional High School credits | <input type="checkbox"/> Improve math skills            |
| <input type="checkbox"/> Obtain High School Diploma            | <input type="checkbox"/> Improve digital skills         |
| <input type="checkbox"/> Prepare for an entrance exam          | <input type="checkbox"/> Improve other essential skills |
| <input type="checkbox"/> Other _____                           |   |

How many hours a week can you commit to attending class?

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**When are the most convenient times for you to participate in learning programs?**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Daytime      | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Mornings     | <input type="checkbox"/> Evenings   |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> Weekends   |

**Would you be interested in participating in online and blended learning?**

- Yes  No

**Do you have sufficient ability and access to technology and internet to participate in online learning?**

- Yes  No

**Do you have access to transportation?**

- Yes  No

**Do you have any personal challenges that may interfere with your ability to attend class?**

- |   |  |
|---|--|
| <input type="checkbox"/> No challenges                      | <input type="checkbox"/> Transportation challenges                     |
| <input type="checkbox"/> Justice related restrictions       | <input type="checkbox"/> Material support needs                        |
| <input type="checkbox"/> Limited availability               | <input type="checkbox"/> Mental health challenges                      |
| <input type="checkbox"/> Learning Disability                | <input type="checkbox"/> Physical disability or health challenges      |
| <input type="checkbox"/> Dependent(s) they need to care for | <input type="checkbox"/> Previous challenges with learning experiences |
| <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Life situation challenges                     |

## Highest Education Level

**Highest Education Level (Choose One)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than Grade 6 Complete       | <input type="checkbox"/> Less than Grade 9 Complete           |
| <input type="checkbox"/> Less than Grade 11 Complete      | <input type="checkbox"/> Completed Grade 11                   |
| <input type="checkbox"/> Some Grade 12                    | <input type="checkbox"/> High School Diploma                  |
| <input type="checkbox"/> High School Equivalent           | <input type="checkbox"/> Trade/Apprenticeship Incomplete      |
| <input type="checkbox"/> Non-University Incomplete        | <input type="checkbox"/> Trade/Apprenticeship Complete        |
| <input type="checkbox"/> University Certificate / Diploma | <input type="checkbox"/> Non-University Certificate / Diploma |
| <input type="checkbox"/> University Incomplete            | <input type="checkbox"/> University Degree                    |
| <input type="checkbox"/> Master's Degree                  | <input type="checkbox"/> PhD (Doctorate)                      |
| <input type="checkbox"/> Other                            | <input type="checkbox"/> Prefer not to report                 |

**Year obtained:**

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## Education History

**1st Education/Training/License:**

**Source/Location (e.g. School):**

**From (Date):**

**Results:**

In Progress

Certificate

Incomplete

License - Current

Complete

License - Expired

Diploma

Credential

Degree

**To (Date):**

**Country:**

**Province/State:**

*\* If applicable*

**2nd Education/Training/License:**

**Source/Location (e.g. School):**

**From (Date):**

**Results:**

In Progress

Certificate

Incomplete

License - Current

Complete

License - Expired

Diploma

Credential

Degree

**To (Date):**

**Country:**

**Province/State:**

**Years Since Public School (Choose One)**

Less than 1 year

1 to 5 Years

6 to 10 years

11 to 20 years

More than 20 years

Not sure

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## COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

The Nova Scotia Government Labour Market Programs provided by the Departments of Labour, Skills and Immigration, Community Services, and the Office of Immigration, are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act defines the meaning of personal information; in addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, or other information collected by our programs or services.

The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDPA) Act. Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services etc.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to correction of, and access to, their personal information. To obtain access or request correction of your personal information please contact the Information Access and Privacy Services unit by email at [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca) or phone (902) 424-2985 or 1-844-424-2985.

**I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:**

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**Client name [print]**

---

**Client signature**

---

**Date**

---

**Witness signature**

---

**Date**