

Halifax Public Libraries English Conversation Group Participant Application

Date _____

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____ (work) _____

E-mail _____

The best way to contact me is by: home phone mobile phone work phone e-mail

When can you come?

Alderney Gate	60 Alderney Drive, Dartmouth (902) 490-5745	<u>Saturdays</u> <input type="checkbox"/> 9:30 - 11:30 am (beginner/intermediate/advanced)
Bedford	15 Dartmouth Road, Bedford (902) 490-5740	<u>Mondays</u> <input type="checkbox"/> 9:30 - 11:30 am (beginner)
Halifax Central	5440 Spring Garden Road, Halifax (902) 490-5706	<u>Thursdays</u> <input type="checkbox"/> 10 am - 12 noon (beginner/intermediate/advanced)
Keshen Goodman	330 Lacewood Drive, Halifax (902) 490-6410	<u>Wednesdays</u> <input type="checkbox"/> 10 am - 12 noon (for women)
		<u>Thursdays</u> <input type="checkbox"/> 10 am - 12 noon (for women) <input type="checkbox"/> 7:00 - 8:30 pm (beginner)
		<u>Saturdays</u> <input type="checkbox"/> 1:00 - 2:30 pm (beginner) <input type="checkbox"/> 2:30 - 4:00 pm (intermediate/advanced)
Woodlawn	31 Eisener Boulevard, Dartmouth (902) 490-2636 ext 3	<u>Tuesdays</u> <input type="checkbox"/> 10:00 - 11:30 am (intermediate/advanced)

Tell us about you

<input type="checkbox"/> I am a Canadian Citizen	My country of origin is _____
<input type="checkbox"/> I am a Permanent Resident	
<input type="checkbox"/> I am an International Student	My native language is _____
<input type="checkbox"/> I have a work visa	
<input type="checkbox"/> I am visiting	My English level is <input type="checkbox"/> beginner
<input type="checkbox"/> I am Francophone	<input type="checkbox"/> intermediate
<input type="checkbox"/> Other _____	<input type="checkbox"/> advanced

Confidentiality agreement

During and after my time participating in this Halifax Public Libraries conversation group, I hereby agree to respect the privacy of everyone involved in this Halifax Public Libraries program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____

PROGRAM USE ONLY	Location / Branch:	Notes:
	Co-ordinator / Staff Person:	
	Date:	

