

# 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?

<b>Alderney Gate</b>	60 Alderney Drive, Dartmouth (902) 490-5745 aginfolodesk@halifax.ca	<b>Saturdays</b> <input type="checkbox"/> 9:30-11:30am (All Levels)
<b>Bedford</b>	15 Dartmouth Road, Bedford (902) 490-5740	<b>Saturdays</b> <input type="checkbox"/> 10:00am-12:00pm (All Levels)
<b>Halifax Central</b>	5440 Spring Garden Road, Halifax (902) 490-5706 centralconversation@halifax.ca	<b>Thursdays</b> <input type="checkbox"/> 10:00am-12:00pm (All Levels)
<b>Keshen Goodman</b>	330 Lacewood Drive, Halifax (902) 490-6410	<b>Tuesday</b> <input type="checkbox"/> 10:00am-12:00pm <b>For women only</b> (Low-Intermediate & Intermediate) <b>Wednesdays</b> <input type="checkbox"/> 10:00am-12:00pm <b>For women only</b> (Intermediate & Advanced) <b>Thursdays</b> <input type="checkbox"/> 7:00-8:30pm (Intermediate & Advanced) <b>Saturdays</b> <input type="checkbox"/> 1:00-2:30pm (Low-intermediate) <input type="checkbox"/> 2:30-4:00pm (High-intermediate & Advanced)
<b>Woodlawn</b>	31 Eisener Boulevard, Dartmouth (902) 490-2636 ext 3 converse@halifax.ca	<b>Tuesdays</b> <input type="checkbox"/> 10:00-11:30am (All Levels)

## Tell us about you

I am a Canadian Citizen

I am a Permanent Resident

I am an International Student

I have a work visa

I am visiting

I am Francophone

Other \_\_\_\_\_

My country of origin is \_\_\_\_\_

My native language is \_\_\_\_\_

My English level is  beginner  intermediate  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 \_\_\_\_\_

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

