

Date _____

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____

E-mail _____

I am:
 Male Other _____
 Female Prefer not to say

Language Level:
 CLB _____

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

When can you come?

Alderney Gate 60 Alderney Drive, Dartmouth (902) 220-1258	<u>Tuesdays</u> <input type="checkbox"/> 3:30-5:30pm <input type="checkbox"/> 6:00-8:00pm				
Bedford 15 Dartmouth Road, Bedford (902) 229-1673	<u>Mondays</u> <input type="checkbox"/> 9:30-11:30am <input type="checkbox"/> 1:00-3:00pm	<u>Tuesdays</u> <input type="checkbox"/> 6:30-8:30pm	<u>Thursdays</u> <input type="checkbox"/> 6:30-8:30pm		
Captain William Spry 15 Sussex Drive, Spryfield (902) 221-6758	<u>Mondays</u> <input type="checkbox"/> 9:30-11:30am	<u>Wednesdays</u> <input type="checkbox"/> 1:00-3:00pm			
Dartmouth North 105 Highfield Park Drive, Dartmouth (902) 220-1258	<u>Tuesdays</u> <input type="checkbox"/> 9:30-11:30am				
Halifax Central 5440 Spring Garden Road, Halifax (902) 717-8966	<u>Mondays</u> <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 3:30-5:30pm	<u>Wednesdays</u> <input type="checkbox"/> 4:00-6:00pm <input type="checkbox"/> 6:30-8:30pm	<u>Fridays</u> <input type="checkbox"/> 9:30-11:30am		
Halifax North Memorial 2285 Gottingen Street, Halifax (902) 240-7876	<u>Mondays</u> <input type="checkbox"/> 12:30-2:30pm	<u>Tuesdays</u> <input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 6:30-8:30pm			
Keshen Goodman 330 Lacewood Drive, Halifax (902) 225-6984	<u>Tuesdays</u> <input type="checkbox"/> 6:30-8:30pm	<u>Wednesdays</u> <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 6:30-8:30pm	<u>Thursdays</u> <input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-2:00pm (Mosaic Church)	<u>Fridays</u> <input type="checkbox"/> 2:00-4:00pm	<u>Saturdays</u> <input type="checkbox"/> 10:00am-12:00pm
Woodlawn 31 Eisener Boulevard, Dartmouth (902) 220-1258	<u>Mondays</u> <input type="checkbox"/> 12:30-2:30pm <input type="checkbox"/> 3:30-5:30pm <input type="checkbox"/> 6:00-8:00pm				

Please see page 2



PROGRAM USE ONLY	Matched with:	Notes:
	Date:	



What is your immigration status?

- | | |
|--|---|
| <input type="checkbox"/> Canadian Citizens born outside of Canada | <input type="checkbox"/> Individuals with work permits who have submitted an application for permanent residence status to the Nova Scotia nominee program or Citizenship and immigration Canada and received acknowledgement |
| <input type="checkbox"/> Individuals awaiting statutory checks (pending completion of medical, security and criminal verification) | <input type="checkbox"/> AIP PA High-Skilled (for primary applicant with NOC skill type O, A, B) (AIPHS) |
| <input type="checkbox"/> Foreign nationals and their dependents nominated under the NS Nominee Program but have not yet received permanent resident status | <input type="checkbox"/> AIP PA Intermediate-Skilled (for primary applicant with NOC skill type C) (AIPIS) |
| <input type="checkbox"/> NS Nominee Program who have received permanent resident status | <input type="checkbox"/> AIP PA International Graduate (for primary applicant graduated in Atlantic Canada) (AIPIG) |
| <input type="checkbox"/> Protected persons as defined in section 95 of the Immigration Protection Act | <input type="checkbox"/> AIP Dependent (for family members) (AIPD) |
| <input type="checkbox"/> Permanent Residents who have refugee status | |
| <input type="checkbox"/> Permanent Residents who are not NS nominees or refugees | |

Confidentiality agreement

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

Signed _____

Date _____