

English Conversation Group

Adult Participant Application 2021-22



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?

Virtual Zoom Meetings

Mondays

- 6:30-8:00pm
For intermediate and advanced levels
Send to: kgconversation@halifax.ca

Tuesdays

- 10:00am-12:00pm
For all levels
Send to: aginfodesk@halifax.ca
- 1:00-2:30pm
For intermediate and advanced levels
Send to: kgconversation@halifax.ca

Thursdays

- 10:00-11:30am
For intermediate and advanced levels
Send to: centralconversation@halifax.ca
- 3:30-5:00pm
For intermediate and advanced levels
Send to: kgconversation@halifax.ca

In-person Sessions

Central

Fridays | 10:00-11:30am
For beginners
Where to register: 5440 Spring Garden Road, Halifax,
(902) 490-5700, centralconversation@halifax.ca

Keshen Goodman Public Library

Wednesdays | 10:00-11:30am
For women only at intermediate and advanced levels
Where to register: 330 Lacewood Drive, Halifax,
(902) 490-5738, kgconversation@halifax.ca

Woodlawn Public Library

Tuesdays | 10:00am-12:00pm
For all levels
Where to register: 31 Eisener Boulevard, Dartmouth,
(902) 490-2636, converse@halifax.ca

Tell us about you

- | | | |
|--|---|--|
| <input type="checkbox"/> I am a Canadian Citizen | <input type="checkbox"/> I have a work visa | My country of origin is: _____ |
| <input type="checkbox"/> I am a Permanent Resident | <input type="checkbox"/> I am visiting | My native language is: _____ |
| <input type="checkbox"/> I am an International Student | <input type="checkbox"/> Other | My English level is: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced |

Confidentiality agreement

During and after my time as a Halifax Public Libraries participant, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries English Conversation Group 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: _____

PROGRAM USE ONLY

Location/Branch: _____ Date: _____

Co-ordinator/ Staff Person: _____

NOTES: