

English Conversation Group

Adult Participant Application 2022-23



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

Tuesdays

10:00-11:30am

For all levels

Send to: aginfodesk@halifax.ca

1:00 - 2:30pm

For intermediate and advanced levels

Send to: aginfodesk@halifax.ca

Thursdays

6:00-7:30pm

For intermediate and advanced levels

Send to: kgconversation@halifax.ca

To register, send your completed application form only to the email listed for your chosen session. This program has long waiting lists, and we ask you choose one (1) session only, please.

In-Person Sessions

Tuesdays

Woodlawn Public Library

10:00-11:30am

For all levels

Where to register:

31 Eisener Boulevard, Dartmouth, NS,
(902) 490-2636 | converse@halifax.ca

Wednesdays

Keshen Goodman Public Library

10:00-11:30am

For intermediate and advanced levels

Where to register:

330 Lacewood Drive, Halifax
(902) 490-5738 | kgconversation@halifax.ca

Thursdays

Halifax Central Library

10:00-11:30am

For all levels

Where to register:

5440 Spring Garden Road, Halifax
(902) 490-5700 | centralconversation@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: