

# 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:** kgconversation@halifax.ca

**Thursdays**

6:00-7:30pm

*For intermediate and advanced levels*

**Send to:** aginfodesk@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: