

English Conversation Group

Adult Participant Application



Date _____

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.

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: zoomconversation@halifax.ca

Thursdays

6:00 - 7:30pm

For intermediate and advanced levels

Send to: aginfodesk@halifax.ca

In-Person Sessions

Tuesdays

Woodlawn Public Library

10:00 - 11:30am

For all levels

Where to register:

31 Eisner Boulevard, Dartmouth, NS

(902) 490-2636 | converse@halifax.ca

Thursdays

Halifax Central Library

10:00 - 11:30am

For all levels

Where to register:

5440 Spring Garden Road, Halifax

(902) 490-5700 | centerconversation@halifax.ca

Fridays

Captain William Spry Public Library

1:00 - 2:30pm

For all levels

Where to register:

16 Sussex Street, Halifax

(902) 490-5244 | cwsconversation@halifax.ca

PROGRAM USE ONLY

Location/Branch: _____ Date: _____

Co-ordinator/ Staff Person: _____

NOTES:

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

Other

My country of origin is: _____

My native language is: _____

My English level is: Beginner Intermediate 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: