



## VegMin Learning Society Registration Form

[vegmin@vegmin.com](mailto:vegmin@vegmin.com)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone**  : \_\_\_\_\_  : \_\_\_\_\_

**Email**  : \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Schooling:** In Canada \_\_\_\_\_ Outside Canada \_\_\_\_\_

**What is your first language?** \_\_\_\_\_

**Do you speak, read, or write any other language?** \_\_\_\_\_

**Have you attended adult learning programs before?** Yes  No

**Status:** Canadian  Permanent Resident  Visitor  Other  \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

Employed  Student  Unemployed  Retired

Self-employed  Other  \_\_\_\_\_

**What is your main reason for coming to the literacy program?**

Educational  English  Employment  Personal

**How did you find out about this program?** \_\_\_\_\_

\_\_\_\_\_

Before signing, please read carefully (or have someone read to you) the following:

**Waiver:**

- The information I have provided will be kept private and not be revealed to anyone else without my permission.
- Tutors will be required to sign an oath of confidentiality before they receive the information.
- All of my personal information will be shredded after two years of inactivity, unless I give written directions otherwise.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_