

ADULT LEARNING CENTRE APPLICATION

Applicant Information - Please PRINT clearly. Photo ID will be required.

Name

Legal Last Name _____ Legal First Name _____ Middle Name _____

Common First Name: _____

Previous Last Name (if applicable): _____ Previous First Name (if applicable): _____

Date of Birth _____ / _____ / _____ **Gender** Male _____ Other Gender Identity _____
Year Month Day Female _____

Address

Apt. # _____ House # _____ Street _____

City _____ Province _____ Postal Code _____

Contact Information

Cell Phone # _____ Home Phone # _____ Work Phone # _____

Email Address _____

Emergency Contact

First Name _____ Last Name _____ Phone # _____

Educational Background

High School Attended: _____

Highest Grade Level Completed: _____ Graduation Year: _____

College/University Attended: _____ Currently Attending: _____

Program: _____ Graduation Year: _____

Other Training: _____

Other Information

Are you a Canadian Citizen? _____ *Proof of Canadian Citizenship required if you are born outside of Canada.*

If no, what is your Immigration Status?

Permanent Resident _____ Protected Person/Refugee _____ Study Permit _____ Other _____

If you are a Permanent Resident (Landed Immigrant), please submit a copy of your Permanent Resident Card.

Canadian Language Benchmark

Are you a Newcomer to Canada or an English as an Additional Language learner? _____

If yes, have you taken the Canadian Language Benchmark Placement Test or an English Language Proficiency test that is equivalent? _____

If yes, please indicate the test taken along with the scores obtained: Name of Test _____

Scores: Reading _____ Writing _____ Listening _____ Speaking _____

For Office Use Only:	Current	School Year	Cash	Receipt Number
	New	MET Number	Debit	

Statistical Information

Completion of this section is important for statistical analysis reports for the program funders.

Information collected in this section is being collected under the authority of the Manitoba Public Schools Act and the Education Administration Act. It will be used and disclosed for the purpose of determining learner demographics for statistical analysis including research and evaluation, program planning and accountability, funding applications and the completion of periodic statistical reports as required by provincial authorities. This personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, contact the Privacy Officer of Jobworks, 1175 Pembina Highway, Winnipeg, MB R3T 2A5, 204-453-8351, privacyofficer@jobworksschool.com.

1. Have you immigrated to Canada in the last 5 years? Yes No
2. Have you participated in literacy upgrading in MB, in the last school year? Yes No
If yes, what is the name of the program? _____
3. How many years has it been since you attended a regular high school? (Not an Adult Learning Centre)
a) 5 or less b) 6 to 10 c) 11 to 20 d) more than 20
4. What is your current employment status:
a) Employment Insurance b) Income Assistance c) Employed (Full-time) d) Employed (Part-time)
e) Unemployed (Actively seeking work) f) Unemployed (Not actively seeking work)
g) Long Term Disability h) Workers Compensation i) Band funded training
5. Are you a single parent of children under the age of 6? Yes No
6. Are you of Indigenous descent? Yes No
If yes, circle one of the following: a) First Nations b) Metis c) Inuit d) unspecified other
Is an Indigenous language your first language? Yes No
7. Is English your first language? **Yes No** If no, what is your first language _____
8. Have you previously attended classes at this Adult Learning Centre? Yes No

Additional Information

Circle the reason(s) for returning to school:

- (i) To maintain or improve employment situations
- (ii) Course required as pre-requisite for post-secondary studies
- (iii) To improve academic standing prior to post-secondary studies
- (iv) To finish the 30 credit High School Diploma
- (v) To work towards the Mature Student High School Diploma (8 credits)
- (vi) For personal growth/interest

How did you learn about this program? Friend _____ School _____ Website _____ Other _____

Documents Completed Onsite

In addition to the required documents listed throughout the application, the following documents must also be submitted: *Media Release Agreement* *Collection/Use/Disclosure of Personal Information (if applicable)*
Student Learning Plan *Request for Transcript (if applicable)*

Statement of Privacy and Protection of Personal Information

Personal information is collected during the application process and throughout the Adult Learning Centre program (the "Program") in order to process your application, to administer the Program including interviewing potential candidates, Program admission, registration and enrolment, developing plans for learners, Program planning and accountability, and/or completing reports required by Program funders. Jobworks Employment Education Programs Inc. ("Jobworks") will not use personal information provided to it for any other purpose without your consent, unless required or permitted under privacy laws applicable in Manitoba. Jobworks is required to disclose personal information to funders as part of its reports. Jobworks may otherwise disclose your personal information with your consent or where required or permitted by law.

All personal information provided to or under the control of Jobworks shall be handled and administered in accordance with the Jobworks Privacy Policy available at www.jobworksschool.com/privacypolicy. A copy of the Jobworks Privacy Policy can be located online or upon request to Jobworks head office, which can be requested in-person, by telephone, or via email at Jobworks, 1175 Pembina Highway, Winnipeg, MB R3T 2A5, 204-453-8351, privacyofficer@jobworksschool.com. The Jobworks Privacy Policy is subject to change on written notice, which notice shall be provided on the Jobworks website at www.jobworksschool.com/privacypolicy.

Signature

By signing below, I declare that:

- (i) I understand the registration fee is non-refundable and that I will be **dropped** from a course after the 2nd class if I have **not attended** or **made arrangements** to attend;
- (ii) all of the information that I have provided to Jobworks is true and correct. Should the information set out in my application form change at any time, I undertake to advise Jobworks of the change immediately;
- (iii) I consent to the collection and use of my personal information by Jobworks for the purposes specified above;
- (iv) I consent to the disclosure of my personal information to Jobworks' funders, as required, in order for Jobworks to meet its reporting obligations; and
- (v) I understand that all personal information shall be administered by Jobworks in accordance with the Jobworks Privacy Policy. A copy of the Jobworks Privacy Policy is available at www.jobworksschool.com/privacypolicy or upon request from Jobworks.

Student Name (Please Print)

Student Signature

Date