



**PORTAGE LEARNING & LITERACY CENTRE**

110 Saskatchewan Avenue West Portage la Prairie, Manitoba R1N 0M1

Telephone: 204-857-6304 Fax: 204-857-6358

E-mail: info@pllc.ca Website: www.pllc.ca

**Registration for Adult Learning**

Date: \_\_\_\_\_

**A. General Information:**

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*First Name Middle Name Last Name*

Previous Name, if any: \_\_\_\_\_

Birthdate: (day/month/year) \_\_\_\_\_

I identify my gender as: \_\_\_\_\_

Address: \_\_\_\_\_ or Box#: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Town/City Province Postal Code*

**Contact Information:**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Preferred Way for us to contact you (**Check one**):  Home phone  Cell Phone  Text  E-mail

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

**B. Learner Profile**

I am: (**Check all that apply**): or  Not applicable

- A single parent of child(ren) under the age of six
- A newcomer to Canada (arrived in the last 5 years)
- First Nation  Metis  Inuit  Other Indigenous \_\_\_\_\_

Language: or  Not applicable

- The first language that I learned was an Indigenous language, e.g. Cree, Ojibway, etc.
- English is an additional language (**excluding Indigenous languages**). List additional languages:  
\_\_\_\_\_

**If you require childcare while attending class, please fill out this section:**

1. Child's Name:	Birthdate:
2. Child's Name:	Birthdate:
3. Child's Name:	Birthdate:

Office use only: Assessment: \_\_\_\_\_ Intake: \_\_\_\_\_

Placed on Waitlist  New  Returning  Literacy  M12  PDC

Start Date: \_\_\_\_\_

Scan registration to file  Entered in database  Stat Literacy  Stat M12

**C. Employment Status: (Check only one)**

- I am receiving Income Assistance (EIA). Name of Case Coordinator: \_\_\_\_\_
- I am receiving Employment Insurance (EI)       I receive Workers Compensation Benefits (WCB)
- I am on long-term disability       I receive a band-funded allowance
- I am employed full-time (30+ hours/ week)       I am employed part-time (less than 30 hours/ week)

**If you are unemployed:**

I **am not employed**, but I am (check one):  **actively** seeking work, or  **not actively** seeking work.

**D. Education Background**

**The last time I attended high school was (check one):** What year, if known: \_\_\_\_\_

- 5 years or less       between 6 – 10 years ago       between 11 – 20 years ago
- more than 20 years ago

**The highest grade I completed in high school was (check one):**

- less than grade 8       grade 8 or grade 9       grade 10 or 11
- grade 12 graduate (in Canada or international)

**The name of the last school (not university/college) I attended was:** \_\_\_\_\_

**Have you ever attended an Adult Learning Centre?**  Yes  No

If yes, what year did you last attend? \_\_\_\_\_

What is the name of the ALC you attended? \_\_\_\_\_

**I have a General Educational Development (GED):**  Yes  No

**E. Learner Goal:** Check your main reason for wanting to return to school. Select **one** only:

- to move on to Mature 12 courses       to move on to College or University
- for employment (currently unemployed)       to find better employment (currently employed)
- to attend a training program       to enhance participation in the community/ home
- to improve literacy/numeracy skills while take Mature 12 courses
- to assist with Independent Study Option courses
- to prepare for GED
- for any other purpose that is not listed above – describe: \_\_\_\_\_

**My long term goal is:** \_\_\_\_\_

**F. Technology: I have the following technology for school use (check all that apply):**

- Smart phone       Tablet/iPad       Laptop       Personal Computer (PC)

**G. Freedom of Information and Protection of Privacy Act:** The information that you provided is voluntary and confidential. It will be used and disclosed for the purpose of determining learner demographics as required by provincial authorities, to assess your suitability for our programs, and for the enhancement of employment and education programming.

**Completed by:** \_\_\_\_\_

*Print name*

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

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