

# Service Registration - **Learner Management** Form

Nova Scotia School for Adult Learning (NSSAL)

CLO and FN

## Person Information

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

SIN:

Last name:

First name:

Middle initial:

Gender:

☐ Male

☐ Female

☐ Other/X

☐ Prefer not to report

Alias (if applicable):

Marital status:

☐ Common-Law

☐ Divorced

☐ Married

☐ Single

☐ Separated

☐ Widowed

☐ Annulled Marriage

☐ Prefer not to report

☐ Other

Birth date:

Home phone number:

Mobile phone number:

Email address:

Service language:

☐ English

☐ French

Other language:

☐ English

☐ French

## Mailing Address

Care of:

Street address:

City:

Province:

Country:

Postal/Zip code:

## Civic Address (if different than mailing address)

Street address:

City:

Province:

Country:

Postal/Zip code:

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## Referral Information

**How did you hear about us?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advertising   | <input type="checkbox"/> Friend or family (word of mouth) | <input type="checkbox"/> I've worked with NSSAL before |
| <input type="checkbox"/> Search engine | <input type="checkbox"/> Referred by another organization | <input type="checkbox"/> Social media                  |
| <input type="checkbox"/> Other _____   |   |  |

**What organization referred you?**

**Who is your contact?**

**What is their phone number?**

## Eligibility Information

**Do you currently reside in Nova Scotia? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**What is your current status in Canada? (Choose One)**

- |   |   |
|---|---|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Other _____      |   |

**Do you meet the NSSAL Programs Age Requirements (18+)? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Are you currently in school? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Are you sufficiently proficient in speaking / listening in the language of instruction to benefit fully in the NSSAL Program? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

## Additional Information

**What language do you wish to correspond in?**

- |                                  |                                 |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French |
|----------------------------------|---------------------------------|

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**What is your preferred correspondence method?**

☐ Email

☐ Regular Post

☐ Telephone

**Emergency Contact Name:**

**Emergency Contact Phone Number:**

**Do you consider yourself to be a member of any of the following designated groups?**

**Indigenous (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**Persons with Disability (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**Francophone (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**Acadian (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**African Nova Scotian (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**2SLGBTQIA+ (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

**Immigrant (Choose One)**

**Immigration Year**

☐ Yes

☐ No

☐ Prefer not to Report

**Visible Minority (Choose One)**

☐ Yes

☐ No

☐ Prefer not to Report

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## Current Situation

**Which best describes your employment status? (Choose One)**

- |   |  |
|---|--|
| <input type="checkbox"/> About to be Unemployed | <input type="checkbox"/> Employed                |
| <input type="checkbox"/> Self Employed          | <input type="checkbox"/> Unemployed              |
| <input type="checkbox"/> Unknown                | <input type="checkbox"/> Not in the labour force |

**Is your current job unstable or insecure? (Choose One)**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**How many dependents do you have?**

## Employment Insurance (EI) Benefit Information

**Are you currently receiving EI Benefits? (Choose One)**

- |                                  |                             |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> Yes     | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |                             |

**Have you received EI Benefits within the last 60 months? (Choose One)**

- |                                  |                             |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> Yes     | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |                             |

**Have you been employed with gross insurable earnings of \$2000 or higher annually, in at least 5 of the previous 10 years? (Choose One)**

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes                  | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to Report |                             |

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## Service Participation

### Why did you discontinue (leave) school?

- |  |   |
|--|---|
| <input type="checkbox"/> Life situation            | <input type="checkbox"/> Young and did not realize how important it was |
| <input type="checkbox"/> Found it really difficult | <input type="checkbox"/> Do not know                                    |
| <input type="checkbox"/> Other _____               |   |

### Have you taken any upgrading programs since you left school?

- |  |  |
|--|--|
| <input type="checkbox"/> No                              | <input type="checkbox"/> NSCC                        |
| <input type="checkbox"/> Community learning organization | <input type="checkbox"/> Université Sainte-Anne      |
| <input type="checkbox"/> Adult high school               | <input type="checkbox"/> Employment training centers |
| <input type="checkbox"/> Others                          |  |

### Are there any other agencies assisting you with education and employment-related needs or planning?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### What is your long-term goal that you're hoping this program will help you achieve? (Choose one)

- |   |   |
|---|---|
| <input type="checkbox"/> Get a Job                  | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Get my High School Diploma | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Get my CAEC                | <input type="checkbox"/> Enroll in a Trade    |
| <input type="checkbox"/> Pursue Post secondary      | <input type="checkbox"/> Not Sure             |
| <input type="checkbox"/> Other _____                |   |

### How do you think NSSAL can help you achieve this goal? (Choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Prepare for CAEC                      | <input type="checkbox"/> Improve reading/writing skills |
| <input type="checkbox"/> Obtain additional High School credits | <input type="checkbox"/> Improve math skills            |
| <input type="checkbox"/> Obtain High School Diploma            | <input type="checkbox"/> Improve digital skills         |
| <input type="checkbox"/> Prepare for an entrance exam          | <input type="checkbox"/> Improve other essential skills |
| <input type="checkbox"/> Other _____                           |   |

How many hours a week can you commit to attending class?

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**When are the most convenient times for you to participate in learning programs?**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Daytime      | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Mornings     | <input type="checkbox"/> Evenings   |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> Weekends   |

**Would you be interested in participating in online and blended learning?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Do you have sufficient ability and access to technology and internet to participate in online learning?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Do you have access to transportation?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Do you have any personal challenges that may interfere with your ability to attend class?**

- |   |  |
|---|--|
| <input type="checkbox"/> No challenges                      | <input type="checkbox"/> Transportation challenges                     |
| <input type="checkbox"/> Justice related restrictions       | <input type="checkbox"/> Material support needs                        |
| <input type="checkbox"/> Limited availability               | <input type="checkbox"/> Mental health challenges                      |
| <input type="checkbox"/> Learning Disability                | <input type="checkbox"/> Physical disability or health challenges      |
| <input type="checkbox"/> Dependent(s) they need to care for | <input type="checkbox"/> Previous challenges with learning experiences |
| <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Life situation challenges                     |

## Highest Education Level

**Highest Education Level (Choose One)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than Grade 6 Complete       | <input type="checkbox"/> Less than Grade 9 Complete           |
| <input type="checkbox"/> Less than Grade 11 Complete      | <input type="checkbox"/> Completed Grade 11                   |
| <input type="checkbox"/> Some Grade 12                    | <input type="checkbox"/> High School Diploma                  |
| <input type="checkbox"/> High School Equivalent           | <input type="checkbox"/> Trade/Apprenticeship Incomplete      |
| <input type="checkbox"/> Non-University Incomplete        | <input type="checkbox"/> Trade/Apprenticeship Complete        |
| <input type="checkbox"/> University Certificate / Diploma | <input type="checkbox"/> Non-University Certificate / Diploma |
| <input type="checkbox"/> University Incomplete            | <input type="checkbox"/> University Degree                    |
| <input type="checkbox"/> Master's Degree                  | <input type="checkbox"/> PhD (Doctorate)                      |
| <input type="checkbox"/> Other                            | <input type="checkbox"/> Prefer not to report                 |

**Year obtained:**

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## Education History

**1st Education/Training/License:**

**Source/Location (e.g. School):**

**From (Date):**

**Results:**

☐ In Progress

☐ Certificate

☐ Incomplete

☐ License - Current

☐ Complete

☐ License - Expired

☐ Diploma

☐ Credential

☐ Degree

**To (Date):**

**Country:**

**Province/State:**

*\* If applicable*

**2nd Education/Training/License:**

**Source/Location (e.g. School):**

**From (Date):**

**Results:**

☐ In Progress

☐ Certificate

☐ Incomplete

☐ License - Current

☐ Complete

☐ License - Expired

☐ Diploma

☐ Credential

☐ Degree

**To (Date):**

**Country:**

**Province/State:**

**Years Since Public School (Choose One)**

☐ Less than 1 year

☐ 1 to 5 Years

☐ 6 to 10 years

☐ 11 to 20 years

☐ More than 20 years

☐ Not sure

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## COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

The Nova Scotia Government Labour Market Programs provided by the Departments of Labour, Skills and Immigration, Community Services, and the Office of Immigration, are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act defines the meaning of personal information; in addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, or other information collected by our programs or services.

The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDPA) Act. Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services etc.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to correction of, and access to, their personal information. To obtain access or request correction of your personal information please contact the Information Access and Privacy Services unit by email at [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca) or phone (902) 424-2985 or 1-844-424-2985.

**I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:**

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**Client name [print]**

---

**Client signature**

---

**Date**

---

**Witness signature**

---

**Date**