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[www.adultlearning.rockyview.ab.ca](http://www.adultlearning.rockyview.ab.ca)

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## VTALS LEARNER INFORMATION

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City/ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Gender:  Male  Female

Age:  19 or younger  20-34  35-54  55+

Ethnic Background:  Aboriginal  African American/ Black  Asian  Caucasian/ White  
 Hispanic  Other, please specify: \_\_\_\_\_

Are you a newcomer to Canada?  Yes  No

Immigration Status:  Refugee Claimant  Convention Refugee  Permanent Resident  
 Canadian Citizen  Other, please specify: \_\_\_\_\_

Is English your first language?  Yes  No

**If no**, first language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Has your English language level ever been assessed? \_\_\_\_\_

Level \_\_\_\_\_

Job or Occupation right now: \_\_\_\_\_

Job(s) or Occupation(s) in the past: \_\_\_\_\_

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My interest of study is:

- ELL
- Adult Literacy
- Math

Do you have access to a computer at home?  Yes  No

Why do you want to work with a Volunteer Tutor?

- To get ready for more schooling or education
- To help me at work so I can do my job better
- To help me find a job or find a new job
- To help me communicate with friends and family better

Please mark which days and write the times you are available to work with your Learning Coach:

- Monday Times: \_\_\_\_\_
- Tuesday Times: \_\_\_\_\_
- Wednesday Times: \_\_\_\_\_
- Thursday Times: \_\_\_\_\_
- Friday Times: \_\_\_\_\_
- Saturday Times: \_\_\_\_\_

Are there anything special that affects your learning (i.e. learning disability, physical disability, health problems)?

- Yes
- No

Please explain: \_\_\_\_\_

Highest Level of Education Achieved? \_\_\_\_\_

How did you hear about RVS Adult Learning? \_\_\_\_\_

**All personal information is collected for the sole purpose of operating our education program pursuant of the Freedom of Information and Protection of Privacy Act.**

Learner Signature: \_\_\_\_\_

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