



Brandon Literacy Council Inc. – Learner Information Update 2021-2022

Date of Information Update: Year Month Day

I am filling out the Learner Information Update Form because:

- My personal, emergency and / or medical information has changed.
- My goal has changed.
- My personal, emergency and / or medical information and goal has changed.
- It is a new program year (July 1 to June 30).

Personal Information

| | | | | | |
|--|--|---------------------|-------------------------|--|--|
| First Name: | | Middle Name: | | Last Name: | |
| Maiden or Previous Name: | | | Gender: | Date of Birth: Year Month Day | |
| Phone: (home) | | | Phone: (cell) | | |
| Email Address: | | | | | |
| Address: | | | | City / Province / Postal Code: | |
| Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____ | | | | | |

Emergency Contact Information

Contact person (s) in case of emergency. If possible, please include at least one contact person that resides outside your residence.

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |
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Personal Medical Information

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|---|------------|--|-----------|--|
| Do you have any severe allergies or other medical conditions that we should be aware of? | Yes | | No | |
| Are you taking any medications that we should be aware of? | Yes | | No | |
| If yes to either question above, please list and explain: (i.e., seizures, diabetes, physical disability, phobias, mental health problems, medications, etc.) | | | | |
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Program Goal

- | | |
|--|---|
| <input type="checkbox"/> Improve skills to help at home or in the community | <input type="checkbox"/> Prepare for the GED |
| <input type="checkbox"/> Upgrade skills to go to college or university | <input type="checkbox"/> Find employment (not currently working) |
| <input type="checkbox"/> Improve skills and take a high school credit course | <input type="checkbox"/> Find better employment (currently working) |
| <input type="checkbox"/> Take a high school credit course(s) Please list course(s): _____ | <input type="checkbox"/> Improve computer skills |
| <input type="checkbox"/> Get a high school diploma or a mature student high school diploma (MSHSD) | <input type="checkbox"/> Take a short course offered at BLC |
| <input type="checkbox"/> Attend a training program | <input type="checkbox"/> Assessment |
| | <input type="checkbox"/> Other: _____ |

Long Term Goal:
 (Education | Employment | Personal)

Preferred Mode of Delivery

- In-class
 Teams / Email (paperless delivery)
 Distance / Work from Home (paper packages)

Please take a moment to let us know why you are returning to Brandon Literacy Council Inc. (BLC). We want to ensure we are providing you with the most appropriate programming.

Some things to consider are:

- What would you like to accomplish this year?
- What are your plans for the future?
- What would prevent you from successfully completing your program?

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Entered by: _____ Date: _____ Checked by: _____ Date: _____