

# Brandon Literacy Council Inc. – Learner Information Update

**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:**

- ☐ Home Phone   ☐ Cell Phone   ☐ Email   ☐ 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

## Personal Medical Information

**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

☐ Improve skills to help at home or in the community

☐ Upgrade skills to go to college or university

☐ Improve skills and take a high school credit course

☐ Take a high school credit course(s)

Please list course(s): \_\_\_\_\_

☐ Get a high school diploma or a mature student high school diploma (MSHSD)

☐ Attend a training program

☐ Prepare for the GED

☐ Find employment (not currently working)

☐ Find better employment (currently working)

☐ Improve computer skills

☐ Take a short course offered at BLC

☐ Assessment

☐ 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?

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_