

Pincher Creek Community Adult Learning Council  
732 Kettles Street, (South of Post Office)  
Box 1206, Pincher Creek, AB T0K 1W0  
Phone: 403-627-4478  
pinchercreekalc@gmail.com  
www.pincherlearn.ca



## CLIENT INFORMATION

PLEASE NOTE THAT RESPONSES ON THIS APPLICATION WILL BE TREATED AS PRIVATE INFORMATION.

What Program are you participating in? *Potential Best 2017* \_\_\_\_\_ Date: \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Gender: Male ☐ Female ☐

Will you need taxi service? Yes ☐ No ☐

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

Town \_\_\_\_\_ Telephone / Contact Number \_\_\_\_\_

Check the highest level of school completed:

Grade 6-8 ☐

Grade 9-12 (did not graduate) ☐

High School Graduate ☐

GED ☐

1–3 years Post Secondary ☐

Bachelor degree ☐

Graduate degree ☐

Other ☐

## ASSESSMENT DETAILS

### Barriers to Learning:

- ☐ Childcare
- ☐ Transportation
- ☐ Balancing home/work
- ☐ Age
- ☐ Health
- ☐ Education/Training
- ☐ Communication
- ☐ Literacy/numeracy

- ☐ Motivation
- ☐ Support (Worker, Assistant)
- ☐ Fear
- ☐ Personal challenges
- ☐ Self-esteem/confidence
- ☐ Lack of connections
- ☐ Other

**This program is intended for clients who are ready to move forward on learning/employment opportunities. If this is not yet the case, please do not register at this time.**

Are you currently employed? Yes ☐ No ☐

Are you willing and able to obtain employment if given the opportunity? Yes ☐ No ☐

Do you have a personal or work related goal you would like to achieve at this time? If so, please describe \_\_\_\_\_

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### **Child Care**

Do you need childcare? Yes ☐ No ☐

**If you require childcare, please answer the following questions:  
(Please do provide a lunch/snacks for your child)**

How many children will be attending the childcare program? \_\_\_\_\_

What are the ages of the children who will be attending? \_\_\_\_\_

Do the children have any food allergies? Yes ☐ No ☐

Do your children have any other allergies or medical conditions we need to be aware of?

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Can your children have snacks (fruit, crackers, juice)? Yes ☐ No ☐

Comments:

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### **Client Medical Conditions**

Do you have any medical conditions or allergies we need to be aware of? Please include any and all allergies. Yes ☐ No ☐

If yes, please specify:

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Does your medical condition prevent you from using public transport without substantial assistance? Yes ☐ No ☐

**Emergency contact:**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Have you signed the attached 'Disclosure of Information' form?

Yes ☐ No ☐

## **DISCLOSURE OF INFORMATION: Consent for Release of Information**

I understand that the above information is confidential and I consent to the disclosure of this information for the purpose of Personal Best Program.

*Print name:* \_\_\_\_\_

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

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

(Mm/dd/yy)

*Referring Agency:* \_\_\_\_\_

*Print Name (Staff Member):* \_\_\_\_\_

*Signature of Staff Member:* \_\_\_\_\_

*Phone Number for Staff Member:* \_\_\_\_\_