Virtual Learning Strategist Enrollment Form

Enter information below

Name and Apprentice ID *

First Name Last Name

Apprenticeship ID

Birth Date *

Please Choose Please Choo

Month Day Year

Gender *

- [ ] Male
- [ ] Female
- [ ] Other

Are you a visible minority, or do you consider yourself an indigenous person?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Language:

- [ ] English
- [ ] French

Phone * **E-mail Address**

Address *

Trade *

Level *

Please Choose

Training*

Please Choose

Training Counsellor*

Previous Marks

Level 1	Level 2	Level 3	Level 4	IP

Do you have a diagnosed Learning Disability, ADHD or Mental Health Challenge (Anxiety) that may affect academic performance? *

- ☐ Yes, without documentation
- ☐ Yes, with documentation
- ☐ No

Have you received academic accommodations in the past?

- ☐ Yes
- ☐ No

Have you always had difficulty with classroom learning, or wondered if you had a learning challenge?

- ☐ Yes
- ☐ No

Do you own a laptop or tablet you can use to work with the learning strategist?

- ☐ Yes (Please indicate device)
- ☐ No

Please send completed Consent and Enrollment forms to vls@gnb.ca