

## GED ACHIEVEMENT® PROGRAM: REQUEST FOR CONTACT

Worker / Agent Name: \_\_\_\_\_ # \_\_\_\_\_ Office / Location: \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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Client Name: \_\_\_\_\_ ID# \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please contact me to arrange participation in:** (Please check the applicable box)

The GED Readiness Assessment (Analysis of 10 academic skill sets)

The GED Preparation Program (Readiness Assessment analysis recommends placement)

**Additional Information:**

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I, (print name) \_\_\_\_\_ hereby consent to the sharing of information  
between \_\_\_\_\_ (agency) and PTP Adult Education and Employment Programs.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Statement: "We at PTP-GED Achievement are committed to protecting the privacy of our clients. Personal information gathered on this form is used only for PTP-GED Achievement business purposes." For further information on PTP-GED Achievement's Privacy policy, please visit our website [www.ptp.ca](http://www.ptp.ca)

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