

## GED ACHIEVEMENT® PROGRAM: REQUEST FOR CONTACT

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

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

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:

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 GED Achievement business purposes." For further information on GED Achievement's Privacy policy, please visit our website [www.ptp.ca](http://www.ptp.ca)

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