



Private Tutoring Form – 2019

Part I: Required Information

Family Name: _____	
First Name _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (d/m/y) _____	
Mailing Address (in Manitoba): _____	
City _____	Postal Code _____
Telephone () _____	E-mail _____
Country of Origin _____	First Language _____

Part II: Questions

1. Tutoring requested for (please check all that apply):

- Reading Listening Writing Speaking

What would you like to focus on during your tutoring sessions? Please check all that apply:

- IELTS test preparation
- CanTEST test preparation
- Speaking
- Listening
- Reading and Writing for general and/or workplace purposes
- Reading and Writing for academic purposes

- Grammar
- Vocabulary
- Pronunciation

Please add any additional comments about the type of tutoring you would like:

2. When would you like your tutoring program to start?

3. When would you like your tutoring program to end?

4. How many hours would you like to meet with your tutor each week?

5. When are you available to meet with your tutor? Please check all of the days and times you are available to tutor:

- | | | | |
|---|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

**Morning: 9:00 a.m. – 12:00 p.m. Afternoon: 12:00 p.m. – 5:00 p.m. Evening: 5:00 p.m. – 9:00 p.m.*

7. Do you have any other comments regarding your tutoring request?

Part III: Tutoring Program Fee

Number of hours	
Cost per hour	\$50.00
Total fee	

Payment

Visa MasterCard

Expiry Date: Month Year

Name of card holder: _____

Signature: _____

Debit Cheque (Payable to: The University of Winnipeg)

Cash Money Order (Payable to: The University of Winnipeg)

Mail to:
English Language Programs
The University of Winnipeg
515 Portage Avenue
Winnipeg, MB, Canada
R3B 2E9

In person to:
English Language Program
Registration Offices
1C15, 515 Portage Avenue
Winnipeg, MB R3B 2E9
Email to: infoelp@uwinnipeg.ca

***Fees are non-refundable unless ELP cannot find tutoring instructor.**

OFFICE USE ONLY

Processed by: _____ Receipt # _____

Date _____

Note: Information collected here will be used for registration and communication purposes. It is collected in compliance with Freedom of Information and Protection of Privacy Act (FIPPA).