

Task-Based Activity: Filling out a bank account application

Learner Name: _____ Date: _____

Pre self-assessment

I need to improve my skills at filling out simple applications:

Yes

No

Activity

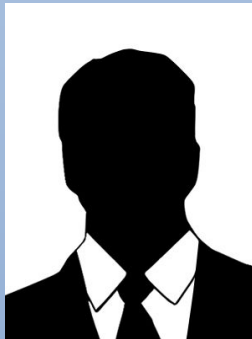
Please fill out the bank account application from below using one of the two options.

Option A: Use your own information to fill out the application.

OR

Option B: Fill out the form for Ralph Demeer using his profile below

Profile



Account Type:
Chequing/
Savings Account

Name: Ralph Jack Demeer
Title: Dr.
Occupation: Cardiologist
Place of work: Princeton Hospital
Date of birth: January 5, 1975

Home address (former): 13 Henry Street
Home address (current): 6 Lily Boulevard
City: Princeton
Province: British Columbia
Postal Code: T3K 7D2

Home Phone: (724) 556 9898
Cell Phone: (334) 778 8989
Business: (456) 338 9801 Ext. 556
When to call: PM
What number to call: cell phone

Email: deemer.RJ@gmail.com
Fax Number: 668- 894- 0293
Social Insurance Number:
140 895 6478

Additional People

Name: Lana Nicole Ringer
Title: Dr.
Occupation: Endocrinologist
Place of work: Princeton Hospital
Date of birth: June 26, 1977
Social Insurance Number: 140 890 456
Home information: Same as Dr. Deemer
Home Phone: Same as Dr. Deemer
Cell Phone: (334) 782 6735
Business: (456) 338 9801 Ext. 690
When to call: PM
What number to call: home phone
Email: ringer.LN@gmail.com
Fax Number: Same as Dr. Deemer

Dufferin Trust Bank

Personal Information

☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Rev.

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yy)

Social Insurance Number

Occupation or Type of Business

Home Address (current)

City/Province

Postal Code

Home Phone

Business Phone

Cell Phone

Best time to call: ☐ AM ☐ PM

Best number to call: ☐ Home ☐ Business ☐ Cell

Email Address

Fax Number

JOINT APPLICATION INFORMATION (IF APPLICABLE)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Rev.

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yy)

Social Insurance Number

Occupation or Type of Business

Home Address (current)
(if different from above)

City/Province

Postal Code

Home Phone
(if different from above)

Business Phone

Cell Phone

Best time to call: ☐ AM ☐ PM

Best number to call: ☐ Home ☐ Business ☐ Cell

Email Address (if different from above)

Fax Number (if different from above)

AUTHORIZATION

I state that the information provided is true and accurate. I have read, understand and accept the terms of the membership agreement provided to me. I consent Dufferin Trust Bank to collect, use and disclose my personal information for the purposes identified in the Dufferin Trust Bank privacy statement. I also consent to Dufferin Trust Bank obtaining credit information about me as it may require in connection to any accounts of loans for which I apply.

Applicant's Signature

Date

Joint Applicant's Signature(if applicable)

Date



Dufferin Trust Bank

Post self-assessment

I think my skills have improved as a result of completing this activity.

☐ Yes

☐ No

Learner comments:

Assessment

Task-Based Activity: Filling Out a Bank Application

Learner Name: _____ Date: _____

Practitioner Name: _____

Performance Descriptors	Needs Work	Improving	Excellent
A2.2: Interpret simple documents to locate and connect information <ul style="list-style-type: none">• performs limited searches using one or two search criteria• extracts information from tables and forms• uses layout to locate information• makes connections between parts of documents• makes low-level inferences• begins to identify sources and evaluate information B3.2a: Use layout to determine where to make entries in simple documents <ul style="list-style-type: none">• uses layout to determine where to make entries• begins to make some inferences to decide what information is needed, where and how to enter the information• makes entries using a limited range of vocabulary• follows instructions on documents			

The learner needs to work on the following:

This task was successfully completed

This task needs to be tried again

Practitioner Comments:

Learner Comments: