

Task-Based Activity: Complete a Change of Address Form

Learner Name: _____ Date: _____

Pre self-assessment

I need to improve my skills at completing forms:

Yes

No

Activity

1. Use the following information to complete the Change of Address cards. There are two cards. Each card has two sides. Fill out both sides of the change of address cards. Put an "X" on the spot where you would place a stamp.

John Green lives at:

162 Maple Street
Elmhurstville, Ontario
T6K 121

His telephone number is (111) 888-1212. His telephone number is not changing when he moves.

John is moving on October 10, 2014 to:

34 Park Lane
Elmhurstville, Ontario
T6L 3E3

John needs to send a change of address card to a friend named Jody Clark who lives at:

66 Talbot Street
Ambleton, Ontario
K2M 4Z4

He also needs to send a change of address card to his doctor:

Dr. Pendleton
150 Cedar Hill Ave.
Unit #6
Elmhurstville, Ontario
T6K 1F5



Affix Affranchir
Postage

Name Nom

Address Adresse

City Ville Province

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Change of Address
Announcement**

**Annonce de
changement d'adresse**

Name Nom

Please
change my
address
effective on:

Veuillez
changer
mon adresse à
compter du:

Year/An

Month/Mois

Day/Jour

Account/Subscription No.

No. de compte ou d'abonnement

Old Address

Ancienne Adresse

Street No., Apt. No., P.O. Box or R.R. No.

N° de Rue, N° d'app., No. de Cp ou de R.R.

City

Ville

Province

**Old Postal
Code**

**Ancien Code
Postal**

Telephone/Téléphone _____ - _____ - _____

New Address

Nouvelle Adresse

Street No., Apt. No., P.O. Box or R.R. No.

No. de rue, No d'app., No. de Cp or de R.R.

City

Ville

Province

**New Postal
Code**

**Nouvelle Code
Postal**

Telephone/Téléphone _____ - _____ - _____

Y/A

M

D/J

Signature

Date

Canada Post Corporation

Société Canadienne des postes



Affix Affranchir
Postage

Name Nom

Address Adresse

City Ville Province

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone/Téléphone - -

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone/Téléphone - -

Y/A

M

D/J

Signature

Date

Canada Post Corporation

Société Canadienne des postes

Post self-assessment

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

Yes

No

Learner comments:

Assessment

Task-Based Activity: Complete a Change of Address Form

Learner Name: _____ Date: _____

Practitioner Name: _____

Performance Descriptors	Needs Work	Improving	Excellent
B3.1a: Make straightforward entries to complete very simple documents <ul style="list-style-type: none">• makes a direct match between what is requested and what is entered• makes entries using familiar vocabulary			

The learner needs to work on the following:

This task was successfully completed

This task needs to be tried again

Practitioner Comments:

Learner Comments:
