

## REGISTER HERE!: Reading and transferring information

<b>TIME:</b>	15 – 20 minutes
<b>INTERACTION:</b>	Individual
<b>AIM:</b>	To practice filling in a simple form.
<b>TEXT TYPE:</b>	Form
<b>REGISTER:</b>	Semiformal
<b>WRITING SKILLS:</b>	Ordering ideas, transferring information accurately
<b>PREPARATION:</b>	Make one copy of the worksheet for each student.

## PROCEDURE

## EXERCISE 1

- Ask the students to look at the information about the four people.
- Set a time limit (10 minutes should be enough) and ask the students to complete one registration form for each person.
- Put the students into pairs and ask them to compare their work before checking the completed forms as a class (use a transparency if possible).

## ANSWERS:

- Juan Rodriguez  
Spanish  
Waiter  
Royal Café
- Bob Mikes  
Australian  
Policeman  
Sydney Trooper Station
- Susan Jones  
American  
Secretary  
New York City Hall / City Hall, New York

## EXERCISE 2

- Ask the students to complete the final registration form with information about themselves. If all of your students study full-time (i.e. they would put “student” under occupation), then you could ask them to use their imagination for the occupation and place of work sections.
- Check their work (paying particular attention to the spelling of the nationality).
- Score a point for each correct piece of information. Pay particular attention to the box marked “Nationality.”

## REGISTER HERE!

## EXERCISE 1

Read the information about each person and complete the three blank forms below.

- 1 Peter Clarke is from Canada. He is a doctor and works at Calgary General Hospital.
- 2 Juan Rodriguez is from Spain. He is a waiter and works at the Royal Café.
- 3 Bob Mikes is from Australia. He works as a policeman at the Sydney Trooper Station.
- 4 Susan Jones is from the U.S.A. She is a secretary. She works at City Hall in New York.

1

REGISTRATION FORM	
<b>Guest's Name:</b>	<i>Peter Clarke</i>
<b>Nationality:</b>	<i>Canadian</i>
<b>Occupation:</b>	<i>Doctor</i>
<b>Place of work:</b>	<i>Calgary General Hospital</i>

3

REGISTRATION FORM	
<b>Guest's Name:</b>	
<b>Nationality:</b>	
<b>Occupation:</b>	
<b>Place of work:</b>	

2

REGISTRATION FORM	
<b>Guest's Name:</b>	
<b>Nationality:</b>	
<b>Occupation:</b>	
<b>Place of work:</b>	

4

REGISTRATION FORM	
<b>Guest's Name:</b>	
<b>Nationality:</b>	
<b>Occupation:</b>	
<b>Place of work:</b>	

## EXERCISE 2

Now complete the form below with information about you.

REGISTRATION FORM	
<b>Guest's Name:</b>	
<b>Nationality:</b>	
<b>Occupation:</b>	
<b>Place of work:</b>	