How to Fill out a form

Lesson Objective

In this lesson, you will learn tips for filling out forms and applications in English. You will also learn how to recognize important vocabulary and abbreviations that you will often see on forms.

Pre-Reading

A. Warm-Up

Discuss the following questions with your classmates.

1. Who often asks people to fill out forms?

2. What types of forms have you filled out?

3. Why is it difficult to fill out forms in English?

4. What personal information do forms typically require?

B. Vocabulary Preview

Match the words on the left with the correct meanings on the right.

_____ 1. title	a)	clear enough to be read easily
_____ 2. spouse	b)	to draw a line through
_____ 3. N/A	c)	the number code for a specific bank branch
_____ 4. cross out	d)	a formal way of addressing a person (e.g., Mrs. or Dr.)
_____ 5. waiver	e)	handwriting (opposite of "printing")
_____ 6. caps	f)	the person one is married to
_____ 7. legible	g)	a person who verifies or is present when you sign a document
_____ 8. cursive	h)	short for "not applicable" (does not apply to me or my situation)
_____ 9. transit	i)	an authorized removal of a right or requirement
_____ 10. witness	j)	short for "all capital letters"

Fill Out or Fill In?

WHAT'S THE DIFFERENCE?

- Please **fill out** this form.
- Please **fill in** this form.

These verbs have the same meaning, "write." The expression "fill out" is more commonly used for a large form with many fields, lines, or spaces for writing. The verb "fill in" is used when there are only a few blanks to complete.

Types of Forms

Are you familiar with these types of forms?

#	Type of Form	Who might ask you to fill it out?
1	application	*employer, bank manager*
2	registration form	
3	medical form	
4	permission form	
5	waiver	
6	evaluation form	
7	survey	

Types of Documentation

Here is a list of ID, contacts, and information that you may need when filling out forms. Gather all of the names, numbers, and other information you may need before you go to a place such as a dentist's office or motor vehicle office.

- driver's license
- mailing address
- health card(s) numbers
- social insurance number(s) *(if available)*
- passport number
- weight and height of you and your family members
- medication information for you and your family members
- family doctor's name *(if available)*
- emergency contact information for two people *(name, phone numbers, addresses)*
- employment history and references *(for job application forms)*
- dictionary or translator to help you understand forms and instructions

Writing Tips

1. Read before you write.

Read through the whole form before you start filling in the blanks. Have a dictionary handy. Ask questions before you start filling out details you are unsure about.

2. Print clearly.

Print as carefully as you can. Make sure that your letters, words, and numbers are legible. Do NOT use handwriting/cursive.

3. Use blue or black ink.

Use a dark pen that works well. Do NOT use a pencil. Do NOT use a pen that smudges.

4. Initial changes.

If you make a small mistake, cross it out and fix it. Initial your changes if it is a legal form.

5. Fill out everything.

Make sure to fill out every field. If a field does not apply to you, write N/A (not applicable). The instructions may also tell you to leave something blank if it does not apply. Make sure to sign or initial in all of the right places.

6. Proofread.

Read over the form, and make sure you didn't miss any fields. Make sure names and addresses are spelled correctly. Double-check that phone numbers are correct too.

Questions to Ask

A. Reference

Don't be shy. If you aren't sure what to do or what to fill in, ask someone.

Excuse me, ...

- may I borrow a pen?
- should I write or print?
- should I use all caps?
- where do I write my _____ ?
- what does it mean by _____ ?
- I made a mistake. What should I do?
- I don't have this information with me. What should I do?
- do you need my signature?

B. Role-Play

Work with a partner. Take turns pretending to be a new patient and a clerk at a doctor's office. Practice asking and answering the questions from Part A.

Common Abbreviations Found on Forms

Forms often use and require the use of abbreviations (shortened words). Familiarize yourself with common English abbreviations found on forms.

A. US States

Abbr	Full Name	Abbr	Full Name	Abbr	Full Name
AL	Alabama	LA	Louisiana	OH	Ohio
AK	Alaska	ME	Maine	OK	Oklahoma
AZ	Arizona	MD	Maryland	OR	Oregon
AR	Arkansas	MA	Massachusetts	PA	Pennsylvania
CA	California	MI	Michigan	RI	Rhode Island
CO	Colorado	MN	Minnesota	SC	South Carolina
CT	Connecticut	MS	Mississippi	SD	South Dakota
DE	Delaware	MO	Missouri	TN	Tennessee
FL	Florida	MT	Montana	TX	Texas
GA	Georgia	NE	Nebraska	UT	Utah
HI	Hawaii	NV	Nevada	VT	Vermont
ID	Idaho	NH	New Hampshire	VA	Virginia
IL	Illinois	NJ	New Jersey	WA	Washington
IN	Indiana	NM	New Mexico	WV	West Virginia
IA	Iowa	NY	New York	WI	Wisconsin
KS	Kansas	NC	North Carolina	WY	Wyoming
KY	Kentucky	ND	North Dakota		

Common Abbreviations Found on Forms cont.

B. Canadian Provinces & Territories

Abbr	Full Name
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland & Labrador
NT	Northwest Territories
NS	Nova Scotia

Abbr	Full Name
NU	Nunavut
ON	Ontario
PE / PEI	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon

C. Address

Abbr	Full Word
Ave	avenue
Blvd	boulevard
Rd	road
St	street
Apt	apartment
Crt	court
Pl	place

D. Days

Abbr	Full Name
Mon	Monday
Tue / Tues	Tuesday
Wed / Weds	Wednesday
Thu / Thurs	Thursday
Fri	Friday
Sat	Saturday
Sun	Sunday

Common Abbreviations Found on Forms cont.

E. Months

Abbr	Full Word
Jan	January
Feb	February
Mar	March
Apr	April
May	May
Jun	June
Jul	July
Aug	August
Sep	September
Oct	October
Nov	November
Dec	December

F. Time, Measurements, Directions & Money

Abbr	Full Word
am	morning
pm	afternoon / night
cm	centimeter
mm	millimeter
m	meter
km	kilometer
lb	pound
kg	kilogram
in / "	inch
ft / '	foot
N	north
S	south
E	east
W	west
USD	United States dollar(s)
CAD	Canadian dollar(s)
GBP	Great British pound(s)
EUR	euro(s)

Personal Information

Be prepared to include all of the following personal information on a variety of forms. Practice filling out the following information. Ask your teacher about any words you don't understand.

A. Name

Title

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name

First ❶   Initial ❷   Last ❸

Immediate Family ❹

Spouse

Children

1. Your *First Name* can also be called your *Given Name* or *Legal Name.*

2. *Initial* refers to the initial of your middle name. The form might ask for your full middle name instead. If you don't have one, leave this space blank.

3. Your *Last Name* can also be called your *Surname* or *Family Name*.

4. List the names of your immediate family members (such as your spouse and children).

B. Address

Address

❶   Address ❷

City / Town   State ❸

Country   ZIP Code

1. # or *No.* refers to your *Apartment Number* or *Unit Number* (if applicable).

2. *Address* refers to the number of your house or apartment building and the name of the road, avenue, place, street, etc.

3. See page 4 for a list of state name abbreviations.

Note:

Address fields may appear in a different order. Be careful not to place an address number where a unit number goes. The address field may also be called "mailing address."

- #22 335 Jones Ave. / 22–335 Jones Ave.

You may also see Address Line 1 and Address Line 2. In Address Line 1, place your house or building number followed by your street/road, city/town, and ZIP code.

- 22 White Lane, Daytona Beach, FL, 32115

If you live in an apartment, Address Line 2 is for your unit or apartment number.

- Unit #210 / Apt. no. 210

Personal Information cont.

C. Date of Birth / Birthdate

Date of Birth

_____ / _____ / _____
mm ❶   dd ❷   yy ❸

1. This can also be written as *MM*. This is the number of the month you were born in (from 1–12). If the month number is between 1 and 9, write a *0* in front (e.g., you would write March as *03*.)

2. This can also be written as *DD*. This is the day of the month you were born on. If the day is between 1 and 9, write a *0* in front.

3. This is the year you were born in. If the label says *yy* or *YY*, write the last two digits of the year (e.g., *1982* becomes *82*). If the label says *yyyy* or *YYYY*, write the full year (e.g., *1982*).

D. Nationality / Birthplace

Nationality

_____
Nationality

- Canadian
- American
- Turkish
- Japanese
- etc.

E. Citizenship

Citizenship

_____
Citizenship

- Canadian
- American
- Turkish
- Japanese
- etc.

F. Contact Information

Contact Information

_____   _____   _____
Home Phone   Mobile Phone   Work Phone

_____
Email Address

Emergency Contact

_____   _____   _____
Name   Relation   Phone

Note:

When writing any phone numbers, it is helpful to include the area code. In Canada, the format would be *(area code) phone number*.

- (204) 555-1234

Personal Information cont.

G. Credit Card Payment

Credit Card Payment

Card Type: ☐ Visa   ☐ Mastercard   ☐ AMEX

_____   _____
Card Number   CVV ❶

_____   _____
Expiry Month (mm)   Expiry Year (yy)

1. _CVV_ is short for _Card Verification Value_. It can also be called a _Card Security Code (CSC)_ or _Card Verification Code (CVC)_. It is the three- or four-digit code on the back of a credit card.

H. Banking Information

Banking Information

Account Type: ☐ Checking   ☐ Savings

_____
Account Number

_____
Routing Number ❶

1. A _Routing Number_ (also called an _ABA Routing Transit Number_ or _ABA RTN_) is a nine-digit code based on the location where your account was opened.

I. Vehicle Information

Vehicle Information

_____   _____
Make ❶   Model ❷

_____   _____
Year   License Plate Number

_____
Driver's License Number

1. The "make" of your car is the company name, such as _Ford_ or _Toyota_.

2. The "model" of your car is the specific brand, such as _Focus_ or _Corolla_.

J. Marital Status

Marital Status

☐ Married   ☐ Single   ☐ Divorced   ☐ Common-Law ❶

1. Common-law refers to a couple that lives together in a marriage-like relationship. For tax and legal purposes, you will need to check how your state defines "common-law" and see if it is recognized in your state.

Personal Information cont.

K. Medical Information

Medical Information

_____   _____
Age   Gender ❶

_____
Allergies

_____
Medications

_____
Medical Conditions

_____   _____
Family Doctor   Health Card Number

1. The form may instead ask for your *Sex*. It might also ask you to circle an option: M (male) / F (female).

L. Employment

Employment Information

Employment Status: **If employed:**

☐ Employed full-time   _____
☐ Employed part-time   Occupation
☐ Contract
☐ Self-Employed   _____
☐ Unemployed   Business / Organization

M. Creating a Username & Password (online)

Some online forms will require you to choose a username and password. Remember what you typed so that you can log in again.

Create an Account

_____
Username ❶

_____
Password ❷

_____
Retype Password ❸

Log In

_____
Username

_____
Password

1. A *Username* can also be called a *User ID*.

2. Some websites may add special requirements to passwords to help make them stronger (e.g., include at least one number and one symbol).

3. Some websites may use *Confirm Password* instead of *Retype Password*.

Speaking Practice

Now that you have filled out all of your personal information on pages 7–10, practice asking a partner for information out loud. Ask your partner to spell words and names out for you. Repeat back numbers. Then sit back to back and imagine you are on the telephone with a clerk.

Useful Phrases

- Can you repeat that, please?
- Can you say that a little louder?
- Did you say _____ or _____ ?
- I'm sorry, I didn't hear you.

Example Forms

On the next few pages, you will find three sample forms:

- Medical Form
- Permission Form / Waiver
- Job Application

Practice filling out the forms. If you do not wish to add private information or if information does not apply to you, use fictional information.

Example Forms cont.

A. Medical Form

New Patient Form

PERSONAL INFORMATION

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First Name   Middle Initial   Last Name

Date of Birth (MM/DD/YY)   Citizenship   Referred By

Mailing Address

Phone Number   Alternate Phone Number   Email Address

Spouse's Name   Other Family Members

Employer's Name   Employer's Phone Number

EMERGENCY CONTACTS

Name   Relationship to You   Name   Relationship to You

Phone Number   Address   Phone Number   Address

INSURANCE

Do you have medical insurance?   ☐ Yes   ☐ No

If **yes**, please complete the information below.

Primary Insurance Co.   Plan Number

Secondary Insurance Co.   Plan Number

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Example Forms cont.

A. Medical Form cont.

MEDICAL HISTORY

Allergies _____

Medications _____

Previous Physician's Name _____

Smoker: ☐ Yes ☐ No   **Prescription Glasses:** ☐ Yes ☐ No

For women only: Are you pregnant? ☐ Yes ☐ No   Are you nursing? ☐ Yes ☐ No

Do you or have you experienced any of the following?	Do you currently have any of the following symptoms?	Are you taking or receiving any of the following?
☐ shortness of breath	☐ soreness in ear, nose, throat	☐ pain medication
☐ high blood pressure	☐ abnormal bleeding	☐ chemotherapy
☐ heart disease	☐ headache	☐ birth control pills
☐ heart surgery	☐ nausea	☐ depression medication
☐ cancer	☐ vomiting	☐ antibiotics
☐ HIV / AIDS	☐ fever	☐ blood pressure medication
☐ depression	☐ stomach pain	☐ other (please specify):
☐ blood transfusions	☐ soreness in joints	_____
☐ other (please specify):	☐ itchy skin	
_____	☐ broken bone	
	☐ sprain	
	☐ other (please specify):	
	_____	

AUTHORIZATION

I hereby confirm that the information on this form is true to the best of my knowledge. I give persmission for Dr. Alexi to keep this form on file at Glazier Medical Clinic.

_____
Name (please print)

_____   _____
Signature   Date

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Example Forms cont.

B. Permission Form / Waiver

Sometimes you have to sign a form that gives you or others permission to do something. A "waiver" is a type of permission form in which you give up a right or requirement. You also promise not to take legal action against a person or organization in the case of damage or injury.

To the right are some reasons why you may need to sign a permission form or waiver.

Read the terms carefully, and add your signature if you understand and agree with the information.

Reasons for Permission Forms or Waivers

- to give your child permission to go on a trip

- to confirm that an organization is not responsible for accidents at a special event

- to allow someone to take and use videos or photographs of you or your child

- to allow your work or your child's work to be placed on public display

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Waiver

ACTIVITY INFORMATION

Activity: White Water Rafting   **Organization:** Denver Fun in the Sun   **Location:** Denver River

_____   _____   _____
Date of Activity   Participant's Name   Participant's Age

RELEASE OF LIABILITY

I am aware of the risks and dangers associated with this activity. By signing this document,
I waive my right to sue the organization for injury or death related to the participant named above.

Protective Equipment   **Assumption of Risks**
I have been advised to wear protective equipment   I have been advised that this activity carries risks and
for this activity, including a certified helmet.   hazards. I assume all risks, dangers, and hazards.

_____   _____
Initial   Initial

Signed on _____ at _____ .
                        (date)   (location)

_____   _____
Signature of Participant (or guardian if under 18 years old)   Signature of Witness

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Example Forms cont.

C. Job Application

Employment Application

PERSONAL INFORMATION

_____   _____   _____
First Name   Middle Initial   Last Name

_____   _____   _____   _____
Street Address   City   State   ZIP Code

_____   _____   _____
Phone Number   Alternate Phone Number   Email Address

Are you over 18?   ☐ Yes   ☐ No   _____
                                             Social Security Number

JOB POSITION

Have you ever applied at this company/organization before?   ☐ Yes   ☐ No

_____
Position Applying For

I am seeking: ☐ Part-time work   ☐ Full-time work   ☐ Part-time or full-time work

AVAILABILITY

☐   Anytime

☐   Weekdays Only

☐   Weekends Only

☐   Specific Days (circle any you are available for)   _____
                                                             Available Start Date
     Sun   Mon   Tue   Wed   Thu   Fri   Sat

☐   Nights

☐   Days

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Example Forms cont.

C. Job Application cont.

WORK EXPERIENCE

Employer   Position

Start Date   End Date

Employer   Position

Start Date   End Date

EDUCATION

School / Institution   Number of Years Completed   Degree / Diploma / Cert. Earned

School / Institution   Number of Years Completed   Degree / Diploma / Cert. Earned

REFERENCES

Name   Phone Number   ☐ Professional   ☐ Personal

Name   Phone Number   ☐ Professional   ☐ Personal

Name   Phone Number   ☐ Professional   ☐ Personal

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Comprehension Check-In

Work with a partner and answer the following questions based on the lesson.

1. What should you use to fill out a physical form? What should you NOT use?

2. Name some documents and information that you may need to fill out a form.

3. What is a waiver?

4. What are the English abbreviations for the days of the week?

5. What should you do if you don't understand something on a form?

6. What is the last thing you should do after you complete a form?

Writing Challenge

CREATE A FORM

Create a form for your classmates to fill out. It can be any type of form mentioned in this lesson. Make sure there are lots of fields to fill out. Photocopy your form and hand it out to your classmates.

Collect the forms and go through the checklist.
Did your classmates follow the guidelines from this lesson?

A Checklist

CHECKING YOUR FORMS

☐ Did I answer every question (or write N/A)?

☐ Are my letters and numbers legible?

☐ Did I sign in all the right places?

☐ Did I ask questions if I was unsure about something?

☐ Did I format dates correctly?

☐ Did I use appropriate abbreviations?

☐ Did I proofread the whole form after I completed it?