

Fields marked with an asterisk (*) are mandatory and must be completed.

Enrollee Details

Given Name*

Family Name*

Street Address*

Suburb / Town*

State*

Postcode*

Home Phone

Mobile*

Email*

Date of Birth

Country of Birth

Gender

Male Female Rather not say Custom

Concession

Yes No

Card No:

Primary Language Spoken

Other Languages Spoken

Emergency Information

Contact name*

Relationship*

Mobile phone*

Home/work phone

Course Details

Course Name

How did you find out about the course?

Course Guide
 Website
 Poster
 Word of Mouth
 Facebook
 Instagram
 Service Provider/Agency
 Casey Connect and Learn
 Other _____

Payment Information

Payment can be made in person (cash/efpos) or via
 EFT – BSB: 013 288 Account No: 3064 31233
 Please note enrolment is not confirmed until payment
 is received.

Annual enrolment fee: \$10.00

\$5.00 concession

Date paid:

Receipt No:

Agreement and consent

- Yes *In the event of an emergency, I consent to staff of the Centre seeking, or where appropriate, administering, such emergency treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Centre.
- No

- Yes I give consent to be photographed by the Centre staff or a representative from the media.
- No I understand that photographs may be used in a range of media, including hard copy and electronic formats. Photos taken at the Centre will only be used to promote the Centre and for no other purpose.

- Yes I would like to receive, by email, class updates; reminders; newsletters etc. I can cancel anytime by contacting the office.
- No

Medical /Health

Do you have any health problems/medical conditions/mobility issues that we need to know about? *

- No
- Yes – please provide details – compulsory if attending an exercise class.

Medical/health details

- | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Diabetes – hypoglycaemic | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Epilepsy – seizures | <input type="checkbox"/> Mental health, eg depression, anxiety |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Medication that might impair judgement or affect balance |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mobility _____ |
| <input type="checkbox"/> Eyesight | <input type="checkbox"/> Other _____ |

Medical emergency action plan

Common signs and symptoms

Action Plan

Signature

Sign here*

Date*

Privacy Statement

The Neighbourhood Centre respects your rights to information privacy. The information you are asked to give is a requirement of our funding bodies and is private and confidential and not used for any other purpose.