

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

## Enrollee Details

First Name\*

Last Name\*

Preferred Name

Date of Birth

Birth Place

Primary Language

Gender

Female ☐ Intersex ☐ Male ☐ Non-binary ☐ Transgender ☐ Rather not say ☐

Email\*

Mobile\*

Phone No

Street Address\*

Suburb / Town\*

State\*

Postcode\*

Concession

No ☐ Yes ☐

Concession Type

Concession Card No

## Emergency Information

Contact name\*

Relationship\*

Contact Mobile No\*

Contact Phone No

## Course Details

Course Name

How did you find out about the course? \*

☐ Been here before    ☐ Brochure    ☐ By a Friend    ☐ Email newsletter    ☐ Facebook  
☐ Internet    ☐ Local paper    ☐ Newspaper    ☐ Other    ☐ Referral  
☐ Social Media    ☐ Walking past    ☐ Website    ☐ Word of mouth

*Note: In addition to individual course fees an annual enrolment fee applies to all programs, including free activities.*

Payment Information

Payment can be made in person (cash/eftpos) 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:

## 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

- ☐ Diabetes – hypoglycaemic
- ☐ Epilepsy – seizures
- ☐ Heart condition
- ☐ Hearing
- ☐ Eyesight

- ☐ Memory Loss
- ☐ Mental health, eg depression, anxiety
- ☐ Medication that might impair judgement or affect balance
- ☐ Mobility \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### Medical emergency action plan

Common signs and symptoms

Action Plan

## Agreement and consent

By signing this form, I acknowledge and consent to the following:

### Emergency Treatment

In the event of an emergency, I consent to staff of the Centre seeking and/or, where appropriate, administering such emergency treatment as is reasonably necessary. I understand that I am responsible for reimbursing any necessary expenses incurred.

### Data Collection

I understand that statistical data is collected to improve the services provided by Endeavour Hills Neighbourhood Centre. All data is collected and managed in strict accordance with the Centre's Privacy Policy.

I agree to the following consents (tick box):

☐ **Consent to have photo image used**

I give consent to be photographed by the Centre staff or a representative from the media.

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.

☐ **Consent to receive promotional material**

I would like to receive, by email, class updates; reminders; newsletters etc. I can cancel anytime by contacting the office.

## 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.