

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

Enrollee Details

First Name*	Last Name*	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Birth Place	Primary Language
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		
Female <input type="checkbox"/> Intersex <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Rather not say <input type="checkbox"/>		
Email *		
<input type="text"/>		
Mobile*	Phone No	
<input type="text"/>	<input type="text"/>	
Street Address*		
<input type="text"/>		
Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Concession	Concession Type	Concession Card No
No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Emergency Information

Contact name*	Relationship*
<input type="text"/>	<input type="text"/>
Contact Mobile No*	Contact Phone No
<input type="text"/>	<input type="text"/>

Course Details

Course Name	
<input type="text"/>	

How did you find out about the course? *

<input type="checkbox"/> Been here before	<input type="checkbox"/> Brochure	<input type="checkbox"/> By a Friend	<input type="checkbox"/> Email newsletter	<input type="checkbox"/> Facebook
<input type="checkbox"/> Internet	<input type="checkbox"/> Local paper	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other	<input type="checkbox"/> Referral
<input type="checkbox"/> Social Media	<input type="checkbox"/> Walking past	<input type="checkbox"/> Website	<input type="checkbox"/> 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: <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$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.