

Dromana Community House

ENROLMENT FORM: Dromana Community House Activities

Activity Start Date..... Term 2015

Contact Details	
Returning students only – My details have not changed and I have read the conditions of enrolment <input type="checkbox"/> Name..... Signed Date.....	
New Students	
Title	Mr / Mrs / Ms / Miss
First Name	
Last name	
Gender: Male / Female	
Date of Birth	Country of birth. Date
Home Phone number	Mobile number
Address	
Email	I would like to receive updates via email Yes <input type="checkbox"/> Email;
What language do you speak at home?	
Are you Aboriginal? Yes / No	Are you a Torres Strait Islander? Yes / No
Emergency Contact person	Emergency phone number Name;
Where did you find out about this course?	Friend / Newspaper /Web Facebook/ Flyer My workplace Other
Do you want to be a Voting member of Dromana Community House	Yes No

Office use only (Frontdesk entries)			
Date entered and compliant		\$10 registration	Direct
Details Recorded	Receipt #	\$ fees	
	Receipt #		
Notes		Cash/ Cheque	Card

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Medical Conditions

We like to provide support for people with extra needs. If you do not let us know you need extra help we may not be able to help you.

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.

Privacy Statement and conditions of enrolment

I do/do not:- (Please circle) Yes or No
 allow photographs/videos of me to be taken as part of my classes at **Dromana Community House Inc.** to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Dromana Community House Inc. will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

Courses fill quickly; please return this application form as soon as possible to avoid disappointment. Your payment in full secures your place.

I understand and agree to the terms described in this privacy and conditions of enrolment statement.

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature:Date.....

Applicant under 18 years

Parent / Guardian
 Name:.....
 Parent / Guardian signature:
 Date:.....