

ENROLMENT FORM

First Name: _____ Surname: _____

Address: _____

Personal

Postcode: _____ Email: _____

Details*

Phone: _____ Mobile: _____

Full name: _____

Emergency Contact*

Relationship: _____ Phone: _____ Mob: _____

Privacy Information

The information on this form is collected for the sole purpose of Power Neighbourhood House to identify its participants for safety and insurance purposes and is a legal requirement. If you do not wish to fill out this form, you will not be covered by our Public Liability Insurance and will therefore be unable to undertake a course or access the Centre. Your personal information is confidential and will not be disclosed to a third party without your consent, unless we are required or authorised to do so by law or other regulations. Our class list, which only records your name and phone number, is kept in perpetuity for insurance purposes. By signing this form you are giving consent to the information to be accessed by staff members of the Centre. At any time you are able to gain access to the information held about you and make changes if necessary.

Course/ Group

Course Name: (1) _____ Day & Time: _____

Details

(2) _____ Day & Time: _____

Do you have a medical condition or disability that staff should know about? YES NO

Medical

Do you have an NDIS Plan that you are able to use for our programs? YES NO

Details/

NDIS

We aim to ensure that our facilities meet the needs of all participants. If you have an illness, injury or disability that you believe is important we know about, please provide details. Information is collected solely for the purpose of ensuring your needs are met both in class and in the event of a medical emergency. This information remains confidential and is not disclosed to any person without your consent. If you have said yes to an NDIS Plan, please contact the office to confirm that payment can be made through your plan.

My signature below confirms my consent to Power Neighbourhood House seeking, or where appropriate, administering such emergency treatment as is reasonably necessary. My consent also extends for the Centre's staff to have access to my full name, phone number, medical and emergency contact details in order to ensure that the most appropriate action can be taken in the event of such an emergency.

Automatic membership is applied when you enrol in this course entitling you to vote at the Annual General Meeting and attend the Christmas Party.

Consent*

Signed: _____ Date: _____