



OFFICE USE ONLY: Enrolled _____ Date ____/____/____
ID No _____ DB <input type="checkbox"/> NEWSLETTER <input type="checkbox"/> USI: _____

SUSSEX NEIGHBOURHOOD HOUSE

2018 GENERAL ENROLMENT FORM

7 Prospect St Pascoe Vale Vic 3044
 Phone: 9354 2210 Email: enquiries@sussexnh.org.au Website: www.sussexnh.org.au
Office hours: 8.30am-4.30pm Monday to Friday.

PERSONAL DETAILS					
FIRST NAME			SURNAME		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth / /	Is participant under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes If, yes, parent or guardian please complete form and ask for a copy of Consent for Medical Emergency.			
Phone - Home		Mobile		MEMBER RECEIPT #	
Address					
Suburb		Postcode		Email	
Emergency Contact Person (full name)			Relationship		
Emergency Contact Number					
Do you have a concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CONC TYPE:		CONC. NO.		EXPIRY DATE:	
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete below and let us know how we may support your requirements.					
Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Intellectual <input type="checkbox"/> <input type="checkbox"/> Other Other Medical Condition <input type="checkbox"/> Provide Health Plan/ (if applicable)					
MEMBERSHIP: If you agree with the Aims of SNH, and wish to support your Neighbourhood House, become a Member! What does it mean? You get to vote at our AGM and any other Member Meetings, receive a 10% discount on full fee programs for you or one dependent child. Membership is \$5 per year. Please ask for a Membership Application Form at the office.					
PROGRAM DETAILS (OFFICE USE ONLY)					
Name of Program	Start Date & Start Time		Fee Payable	Receipt #	
REFERRING AGENCY:					
Contact person, ph no and email:					
As a recipient of Government funding for training we are required to ask students for information. This information is required by Sussex Neighbourhood House (SNH) and funding bodies for statistical collection and remains confidential					

IMPORTANT INFORMATION

CONCESSIONS

- Concessions are available to current Centrelink benefit or pension card holders and DVA Gold Care for certain programs.

CLASS CANCELLATIONS

- Any program may be cancelled 2 working days before the start date if the minimum number of paid enrolments has not been received.
- Participants enrolled in a cancelled program will be notified and fully refunded.

REFUNDS

- All refund requests must be in writing to enquiries@sussexnh.org.au
- A full refund will be provided if you withdraw from a program **7 days before the commencement date of the program**.
- If you withdraw **within 7 days of commencement or once program has started**, a refund will only be considered where you provide special circumstances in writing. A refund fee of \$20 will be retained.

COMMUNICATION

- SNH may email our Course & Activity Guide and/or information about courses/projects & events from time to time. If you do not wish to receive electronic communication please tell us.

INVOICES

Invoices incur a \$10 fee. An Authority to Invoice must be made in writing or to enquiries@sussexnh.org.au

PAYMENTS can be made in person, over the phone with a credit card (eftpos available) or Electronic Transfer into our bank account.

We do not accept American Express.

STUDENT CODE OF CONDUCT & PRIVACY POLICY: available from the office

PHOTO CONSENT

Sussex Neighbourhood House use photos of individuals and their activities in promotions and advertising, which may include newsletters, posters, local newspapers, websites, social media and other opportunities to promoting Sussex Neighbourhood House in printed and electronic formats.

I give I do not give my consent to Sussex Neighbourhood House to collect and disclose photographs/images/videos for the purpose of promoting Sussex Neighbourhood House

Are you a permanent resident of Australia? Yes No

Are you of Aboriginal and/or Torres Strait Islander origin? (Optional) Yes No

What country were you born in?What language/s do you speak?.....

Attending Primary School Yes No If No, please complete below highest level of schooling and employment information.
Year 12 Year 11 Year 10 Year 9 Year 8 or lower Special School Did not go to school

Have you successfully completed any of the following? Yes No

Bachelor Degree/Higher Degree <input type="checkbox"/>	Certificate III (or Trade Cert.) <input type="checkbox"/>	Other please specify :
Advanced Diploma/Assoc. Diploma <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Certificate IV (or Adv. Cert. /Tech) <input type="checkbox"/>	Certificate I <input type="checkbox"/>	

EMPLOYMENT: which best describes your current status?

Full time employee Employer Self employed Retired
Part time employee Seeking full-time work Seeking part-time work Not seeking work

VOLUNTEERING: Where do you volunteer?

Privacy Statement: I understand that: Sussex Neighbourhood House Inc may need to release information regarding my enrolment, when it is legally obliged to do so.

For more information in relation to how student information may be used or disclosed please contact Sussex Neighbourhood House's Privacy Officer on 03 9354 2210 or enquiries@sussexnh.org.au.

Yes No I acknowledge and agree to the terms described in this privacy statement.

Student/Participant Declaration

I have read and accept the Conditions of Enrolment at Sussex Neighbourhood House Inc, including the Privacy Statement and Payment Details (including Refunds). I declare that the information I have provided on this form, is accurate.

Signature _____ Date _____ / _____ / _____

or signature of participant, parent, guardian or carer