



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

## SUSSEX NEIGHBOURHOOD HOUSE

# 2019 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					
<b>FIRST NAME</b>			<b>SURNAME</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Date of Birth</b>  / /	<b>Is participant under 18 years old?</b> <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.			
<b>Phone - Home</b>		<b>Mobile</b>		<b>MEMBER RECEIPT #</b>	
<b>Address</b>					
<b>Suburb</b>		<b>Postcode</b>		<b>Email</b>	
<b>Emergency Contact Person (full name)</b>			<b>Relationship</b>		
<b>Emergency Contact Number</b>					
Do you have a concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>CONC TYPE:</b>		<b>CONC. NO.</b>		<b>EXPIRY DATE:</b>	
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"/> <b>Provide Health Plan/ (if applicable)</b>					
<b>MEMBERSHIP:</b> 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. <b>Membership is \$5 per year. Please ask for a Membership Application Form at the office.</b>					
PROGRAM DETAILS (OFFICE USE ONLY)					
Name of Program	Start Date & Start Time	Fee Payable	Receipt #		
<b>REFERRING AGENCY:</b> _____					
Contact person, ph no. and email: _____					
<b>INVOICE:</b>					
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: which organisations do you volunteer at?**

**How did you find out about Sussex Neighbourhood House?**

Social Media  Letterbox Drop  Flyers  Visiting SNH  Referral

Word of Mouth  Course & Activity Guide  SNH website  Internet  Other .....

**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