



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

## SUSSEX NEIGHBOURHOOD HOUSE

# 2020 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 <u>under 18 years old</u> ? <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					
Which country were you born in?			Languages Spoken:		
PLAYGROUPS / MOTHER'S GROUPS ONLY					
Child 1: Name:..... DOB..... <input type="checkbox"/> Male <input type="checkbox"/> Female Child 2: Name:..... DOB..... <input type="checkbox"/> Male <input type="checkbox"/> Female Child 3: Name:..... DOB..... <input type="checkbox"/> Male <input type="checkbox"/> Female					
PHOTO CONSENT					
I /we give permission for images and or videos of person/s or person on this form, to be displayed or published for promotional material.    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Name of Program	Start Date & Start Time	Fee Payable	Receipt #		
REFERRING AGENCY: _____					
Contact person, ph no. and email: _____					
INVOICE:					
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](mailto: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](mailto: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

### 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.**

Would you like to volunteer at Sussex NH /share your skills with the local community? YES  NO

Area/s of interest: \_\_\_\_\_

### 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](mailto: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