



OFFICE USE ONLY: Enrolled _____ Date ____/____/____

Student ID No _____ DB NEWSLETTER USI: _____

SUSSEX NEIGHBOURHOOD HOUSE

7 PROSPECT ST. PASCOE VALE PH 9354 2210 E: ENQUIRIES@SUSSEXNH.ORG.AU WWW.SUSSEXNH.ORG.AU

2021 GENERAL ENROLMENT FORM

Office hours: 8.30am-4.30pm Monday to Friday.

PERSONAL DETAILS					
FIRST NAME			SURNAME		
<input type="checkbox"/> Male	Date of Birth / /	Is participant <u>under 18 years old</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Female		If, yes, parent or guardian please complete form and ask for a copy of Consent for Medical			
<input type="checkbox"/> Other		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					
HEALTH					
If you have any particular needs, please talk to our staff about how we can support your participation in our programs.					
Do you consider yourself to have a disability, impairment or long term condition? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please tick below:					
Hearing/Deaf	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Medical Condition	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>
				Physical	<input type="checkbox"/>
				Vision	<input type="checkbox"/>
				Learning	<input type="checkbox"/>
				Other	<input type="checkbox"/>
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					
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:					

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

MEMBERSHIP

Become a Financial Member for \$5 per calendar year

If you agree with the Aims of SNH, and wish to support your Neighbourhood House, become a Member!
Ask us about Member benefits and Application Form.

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

Please list rea/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 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