

ENROLMENT FORM

**Personal
Details:***

First Name: _____ Surname: _____
 Address: _____
 Postcode: _____ Email: _____
 Phone: _____ Mobile: _____

**Emergency
Contact:***

Full Name: _____
 Relationship: _____ Phone Number: _____

**Privacy
Information:**

The information on this form is collected for the sole purpose of Amaroo Neighbourhood Centre Inc. to identify its participants for safety and insurance purposes. It is a legal requirement for the Centre to have the details of all participants enrolled in the Centre. If you do not wish to fill out this form, you will not be covered by our Public Liability Insurance and the Centre would be unable to permit you to undertake a course or access the Centre. Your personal information is seen only by the Office Staff. It 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 has your name and phone number on it, is kept in perpetuity for insurance purposes. By signing this form you are giving consent to the information to be seen by staff members of the Centre. At any time you are able to gain access to the information held about you and to make changes if necessary.

**Course
Details:**

Course Name: (1) _____ Day & Time: _____
 (2) _____ Day & Time: _____
 Costs: (1) _____ (2) _____ Total: _____
 Absences during Term (to be more than two & consecutive for credit to apply):

**Medical
Details:**

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

We aim to ensure that our facilities meet the needs of our participants. If you have an illness, injury or disability that you believe it is important we know about, please provide details. All information collected is solely for the purpose of ensuring your needs are met both in class and in the event of a medical emergency. This information is not disclosed to any person without your consent.

Consent:*

My signature below confirms my consent to Amaroo Neighbourhood Centre Inc. seeking, or where appropriate, administering such emergency treatment as is reasonably necessary. My consent also extends for the Centre 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.

Signed: _____ Date: _____