

## Enrolment Form 2022

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|--|--|--|
| <b>Program you are enrolling in:</b>   |  |  |
| <b>Invoice to:</b>   | <input type="radio"/> Student <input type="radio"/> Third Party <b>*If Third Party, please complete Student Invoice Request form</b> |  |
| <b>Your details:</b>   |  |  |
| <b>Surname</b>   | <b>First Name</b>  |  |
| <b>Title:</b> <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss                                   | <b>DOB (Date you were born):</b>   |  |
| <b>Gender:</b>   | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate/intersex/unspecified                     |  |
| <b>Your usual residence (full address):</b>  |  |  |
|  |  |  |
|  |  |  |
| <b>Postal address (if different to above)</b>  |  |  |
|  |  |  |
| <b>Phone – Home:</b>   | <b>Mobile:</b>   |  |
| <b>Email address:</b>  |  |  |
| <b>Emergency contact person:</b>   |  |  |
| <b>Relationship to you:</b>  | <b>Phone no:</b>   |  |
| For the purposes of Emergency Medical attention, do you have any allergies or additional information which may be relevant?<br>Please provide details: |  |  |
| <b>Do you have a disability, impairment, or long-term condition?</b> <input type="radio"/> Yes <input type="radio"/> No                                |  |  |
| <b>If YES, please indicate the areas of disability, impairment, or long-term condition: (You may indicate more than one area)</b>                      |  |  |
| <input type="radio"/> Hearing/deaf   | <input type="radio"/> Physical   | <input type="radio"/> Intellectual                 |
| <input type="radio"/> Learning   | <input type="radio"/> Mental illness   | <input type="radio"/> Acquired brain impairment    |
| <input type="radio"/> Vision   | <input type="radio"/> Medical condition  | <input type="radio"/> Other                        |
| <b>Do you require a carer to attend with you?</b>  | <input type="radio"/> Yes <input type="radio"/> No   |  |
| <b>Do you have a current concession card/seniors' card?</b>  |  |  |
| <input type="radio"/> No   | <input type="radio"/> Yes – Pensioner Concession Card (PCC)  | <input type="radio"/> Yes – Health Care Card (HCC) |
| <input type="radio"/> Yes – Department of Veterans' Affairs (DVA)  | <input type="radio"/> Victorian Seniors Card   |  |
| <b>Centrelink Reference Number (CRN):</b>  | <b>CRN Expiry Date</b> ____/____/____  |  |

### Mailing List

You will automatically be added to our mailing list to receive news and updates from Yarrunga Community Centre; however, you have the option to unsubscribe at any time.



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### **TERMS AND CONDITIONS**

#### Payment and Refund Policy

Fees for courses are to be paid before the course commencement unless prior arrangements have been made.

If you withdraw one week or more prior to the course start date in writing, you will receive a full refund of the fees, less a \$10 administration fee. If less than one week's notice is given, 50% of the fee will be refunded less the \$10 administration fee.

If we cancel a course for any reason, your fees will be refunded in full.

**No refund will be issued once a course has commenced and you will still be liable for any unpaid fees.**

*For further information, please see Fees Information booklet.*

#### Privacy Statement

**Yarrunga Community Centre Inc.** will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

For more information in relation to how student information may be used or disclosed please contact Yarrunga Community Centre's Privacy Officer on phone (03) 9722 8942 or email info@yarrunga.org.au.

#### Signature and Declaration

- If there is an emergency, I allow those in charge to make decisions for my safety or well-being, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Yarrunga Community Centre Inc. will let me know about any planned excursions.

**I DO/ DO NOT allow photographs/videos of me to be taken as part of my classes at Yarrunga Community Centre Inc. to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.**

#### **Please acknowledge the following:**

- I acknowledge and agree to the Terms and Conditions for Payment and Refund Policy.
- I acknowledge that I have read the Privacy Statement.
- I hereby declare that the information provided in this application for enrolment is complete and accurate.
- I agree to abide by the COVID-19 Guidelines imposed by Yarrunga Community Centre, as directed by the Department of Health and Human Services.

**STUDENT SIGNATURE**

**DATE**

**Applicant under 18 years:**

Parent/Guardian Name:

Parent/Guardian Signature:

**DATE**

**Please Note: Students under 18 must attend with an adult.**

#### **How did you find out about the program?**

- Course & Activity Guide
- Word of Mouth
- Existing Customer
- Employment Service Provider
- Yarrunga Website
- Day Service Provider
- What's on in Maroondah
- Facebook, Instagram, Social Media
- Employment Service Provider