



# MOUNT STREET NEIGHBOURHOOD HOUSE INC.

Reg. Number: A0010410M

ABN: 54 013 365 747

## ENROLMENT FORM 2025

Enquire at the Office or check our website regarding the Refund Policy and Privacy Statement.

[www.msnh.org.au](http://www.msnh.org.au)

Email: [mountst@msnh.org.au](mailto:mountst@msnh.org.au)

### PAYMENT RECEIVED:

TERM 1: \_\_\_\_\_

TERM 2: \_\_\_\_\_

TERM 3: \_\_\_\_\_

TERM 4: \_\_\_\_\_

### Personal Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No \_\_\_\_\_

**Any changes to these details should be advised to office staff immediately.**

### Media Consent:

I agree/do not agree to photos or videos that include my identifiable image being used by Mount Street Neighbourhood House for publicity purposes including the MSNH website, Facebook and Instagram and promotional material such as flyers, the Program of Courses and House promotional videos.

Discounts are available on most courses over 4 weeks duration. By providing these details below, you are giving consent to your information being seen by Office Staff.

☐ Centrelink Health Care Card ☐ Centrelink Pension/Concession Card Number: \_\_\_\_\_

☐ Seniors Card ☐ Student Card Card sighted by Office Staff? ☐

### Course Details:

Course: TERM 1: \_\_\_\_\_ Day & Time: \_\_\_\_\_ \$ \_\_\_\_\_ C: \_\_\_\_\_

TERM 2: \_\_\_\_\_ Day & Time: \_\_\_\_\_ \$ \_\_\_\_\_ C: \_\_\_\_\_

TERM 3: \_\_\_\_\_ Day & Time: \_\_\_\_\_ \$ \_\_\_\_\_ C: \_\_\_\_\_

TERM 4: \_\_\_\_\_ Day & Time: \_\_\_\_\_ \$ \_\_\_\_\_ C: \_\_\_\_\_

**NB: Enrolments are not confirmed until payment is received.  
Please complete a separate enrolment form for each course.**

Planned Absences During the year:

### 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 students. 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 Mount Street Neighbourhood House Inc. seeking, or where appropriate, administering such emergency treatment as is reasonably necessary. This includes the calling of an ambulance to attend for assessment and treatment of my medical condition.

My consent also extends for the tutor of my course 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 an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

New: ☐

Returning: ☐

Entered: ☐