



MOUNT STREET NEIGHBOURHOOD HOUSE INC.

Reg. Number: A0010410M

ABN: 54 013 365 747

RECEIPT NUMBER

Term: 1 / 2 / 3 / 4
Year: 201.....

ENROLMENT FORM

- Please note:**
- 1) Enquire at the Office or on the House website regarding the Refund Policy.
 - 2) No student may attend a class without the completion of an enrolment form.

Personal Details:

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

Emergency Contact:

Full Name: _____
 Relationship: _____ Phone Number: _____

Privacy Information:

The information on this form is collected for the sole purpose of Mount Street Neighbourhood House Inc. (the House) to identify its students for safety and insurance purposes. Your personal information is seen only by the Office Staff and Tutors. 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. A full copy of the House Privacy Policy is available from the Office.

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 Name: (1) _____ Day & Time: _____
 (2) _____ Day & Time: _____
 Costs: (1) _____ (2) _____ Total: _____
 Absences during Term (Must be two or more & 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 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. 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 such an emergency.

Signed: _____ Date: _____

Office Use Only:
 New :
 Returning :
 Entered :