MOUNT STREET NEIGHBOURHOOD HOUSE INC.

Reg. Number: A0010410M ABN: 54 013 365 747

ENROLMENT FORM

RECEIPT NUMBER

_____

Term: 1 / 2 / 3 / 4
Year: 202……

Enquire at the Office or on the House website regarding the Refund Policy.
Enquire at the Office for our Privacy Statement.

Personal Details:

Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Emergency Contact: _____ Phone No _____:

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 Name: (1) _____ Day & Time: _____

(2) _____ Day & Time: _____

(3) _____ Day & Time: _____

Costs: (1) _____ (2) _____ (3) _____ Total: _____

Planned 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. 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 : □