

Enrolment Form



**KERRIMUIR
NEIGHBOURHOOD
HOUSE**

Course Details	Class name: Date: Cost:
Personal Details	Surname: First name: Mrs/Mr/Miss/Ms Date of Birth: Male/Female (please circle)
Home Address	Address: Suburb: Postcode:
Contact Details	Phone: Home: Mobile: Work: Email:
Emergency Contact	Name: Relationship: Phone No:
Country of Birth Language spoken	Indigenous Status: Aboriginal / Torres Strait Island origin? Yes / No Country of Birth: Main language spoken at home: English only. Other (please specify)..... Spoken English Level: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Marketing	How did you hear about Kerrimuir Neighbourhood House? (please tick) <input type="checkbox"/> Library <input type="checkbox"/> Brochure <input type="checkbox"/> Local Paper <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other specify: Would you like to be included on our email update listing? YES / No
Important Information	The following information, policies and procedures must be given or explained prior to enrolment: ●Enrolment procedures ●Course information, including content and outcomes ●Fees and refund policies ●Complaint Handling procedures ●Code of Conduct ●Participant Information ●Privacy statement Copies of these documents are displayed on the noticeboard I have been informed or given the above information and policies and agree to abide by them. Signature: Date:
Privacy	In accordance with The Privacy Act, it is the policy of Kerrimuir Neighbourhood House to maintain the highest level of confidentiality for information provided by its participants. Information collected, is either required by law or necessary for the running of the course you are enrolled in. The signing and handing in of this completed enrolment form signifies your approval to use your information for those purposes. See the Privacy Statement on the noticeboard and website.

I agree that the information provided in this application for enrolment is complete and accurate.

Signed: Date:

Enrolment Form



**KERRIMUIR
NEIGHBOURHOOD
HOUSE**

<p>Membership</p>	<p><i>Membership of Kerrimuir Neighbourhood House</i></p> <p>Membership is free to all participants and gives you voting rights at the Annual General Meeting. Membership eligibility: a person who agrees to support the purposes of the House as outlined in the Constitution & Rules.</p> <ul style="list-style-type: none"> • I agree to be a member of Kerrimuir Neighbourhood House and to have my name added to the Register of Members. <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Health Status / Support Required</p>	<p>Pre - Existing Medical Condition or Disability</p> <p>Do you have a pre-existing medical condition, disability, impairment or long term condition that may affect your participation in class? Yes / No If YES, please complete the following (if NO please continue to the next question)</p> <p>Do you require reasonable adjustment/support to assist you to participate in the class? Yes / No</p> <p>If YES, Please advise what the Condition / Disability is and what adjustments/support you would require? Condition/ Disability:</p> <p>Adjustments/Supports:</p> <p>This will need to be discussed with the Centre Manager <input type="checkbox"/> Interview booked with Centre Manager <input type="checkbox"/> Interview with Centre Manager completed</p> <p>If you have a Medical condition which may be impacted by your participation, it is advisable to obtain a Doctor's Certificate stating that you have clearance to participate, as well as any suggestions for support /adjustments from your doctor</p> <p>Will you be providing a Doctor's Certificate? Yes / No</p> <p>If you choose not to obtain a Doctor's Certificate and participation in the class aggravates your condition, you agree by signing this enrolment form that Kerrimuir Neighbourhood House cannot be held liable.</p> <p>Pre-exercise questionnaire. If you are participating in KNH's exercise classes and have a pre-existing medical condition which impacts on your attendance and have not obtained a doctors certificate, you will be asked to fill in a Pre-exercise questionnaire (for the Tutors Information only) in addition to this enrolment.</p> <p>PRE-EXERCISE FORM to be completed Yes / No</p>

I agree that the information provided in this application for enrolment is complete and accurate.

Signed: **Date:**