

Enrolment Form – Part A

Frontdesk:

Enrollee Details:

Given Name:		Family Name:	Date of Birth: __/__/__
Address:		P/code:	Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say <input type="checkbox"/> Custom
Email address:		Concession: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home phone:		Mobile/work phone:	
Country of Birth:	Main language spoken at home:	Do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> No	
		Card No:	

Course Details:

Course Name:			
Enrolled for Terms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Have you attended a course at the Centre before? Yes <input type="checkbox"/> No <input type="checkbox"/>		How did you find out about the course? <input type="checkbox"/> Course Guide <input type="checkbox"/> Website <input type="checkbox"/> Poster <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Other _____	
Annual Enrolment Fee: <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$5.00 concession		Date Paid:	Receipt No:

Emergency Information:

Contact Name:		Relationship:
Home phone:		Mobile/work phone:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a medical condition that staff should be aware of? If yes, please complete Part B	

Agreement and Media Consent:

Yes <input type="checkbox"/> No <input type="checkbox"/>	In the event of an emergency, I consent to staff of the Centre seeking, or where appropriate, administering, such emergency treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Centre.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give consent to be photographed by the Centre staff or a representative from the media. I understand that photographs may be used in a range of media, including hard copy and electronic formats. Photos taken at the Centre will only be used to promote the Centre and for no other purpose.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I would like to receive, by email, class updates; reminders; newsletters etc. I can cancel anytime by contacting the office.

Sign here:

Signature:	Date:
------------	-------

Please turn over and complete **Part B**

Enrolment Form - Part B

Our aim is to ensure you have an enjoyable, learning experience. Please provide any information that will assist us. For example, if you have poor eyesight we can help by using large print on written material, seating you closer to whiteboards, or by changing to a bigger resolution on computer screens.

Medical and Mobility sections are compulsory before attending an exercise class such as Gentle Exercise or Tai Chi.

Please tick all boxes that apply to you. Thank you.

Medical

Are there any medical areas that we should be aware of?

- None
- Diabetes – hypoglycemic
- Epilepsy – seizures
- Heart condition
- Hearing
- Eyesight
- Physical _____
- Memory loss
- Mental health e.g. depression etc
- Medication that might impair my judgment or affect my balance

- Other _____

Medical emergency action plan

Common signs and symptoms of condition

Action plan _____

Mobility

Do you have any areas where we can support you with mobility?

- No issues
- May have problem with steps
- Can become unsteady at times – easily fall
- Use a mobility aid / walking stick / frame
- Use a wheelchair
- Have arthritis in my _____
- Other _____

Socialising

How do you socialise with others?

- Enjoy learning in small groups
- Need encouragement to join in
- Prefer to work alone
- Other _____

Communication

What is your preferred communication style?

- Conversation/talking
- Written
- Sign/symbols
- Communication aids
- Respond to yes/no
- Simple direction

Learning

How do you prefer to learn?

- Listening
- Seeing
- Hands on/doing
- Reading
- Pictures
- Reflection – need time to take it in
- Repetition
- Other _____

Privacy Statement

The Neighbourhood Centre respects your rights to information privacy. The information you are asked to give is a requirement of our funding bodies and is private and confidential and not used for any other purpose.