



## ADULT ENROLMENT FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ ☎: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Gender: (Please circle) Female / Male / Other Date of Birth: (optional) \_\_\_\_\_

Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Do you hold a Healthcare Card or Pension Concession Card? (Please circle) Yes / No

Emergency Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Are you from a CALD (culturally and linguistically diverse) background? (Please circle) Yes / No

If yes, please list languages spoken at home: \_\_\_\_\_

How did you find out about the House? (Please tick)

Term Program

Website

Facebook

Workshop

House Signage

Local Paper

Word of mouth

Other: \_\_\_\_\_

Do you have an illness, injury or disability?

*We endeavour to provide facilities which meet the needs of **all** our participants. If you have an illness, injury or disability which you believe we should know about please advise us below. All information provided remains confidential. If asthma or anaphylaxis is listed, please supply a copy of your asthma or anaphylaxis plan.*

Type of injury/illness/disability: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Do you have any allergies? If so, please list what you are allergic to and if it causes anaphylaxis:

Please sign the following Medical Indemnity Clause:- *In the event of an emergency I consent to any medical/ambulance callout which Mackie Rd Neighbourhood House staff consider necessary for my safety and welfare. I agree that I will meet the cost of any of the aforementioned interventions.*

Signature: \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

**To pay by Credit Card, please provide the following details:**

Please debit my [ ] Visa / [ ] MasterCard to the value of \$ \_\_\_\_\_

Card Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Expiry Date \_\_\_ / \_\_\_

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

Cardholder Signature \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

## HOW TO ENROL IN A COURSE:

### Step One:

Phone the office on 9548 3311, email [info@mackierdnh.org.au](mailto:info@mackierdnh.org.au) or check online at <http://www.mackierdnh.org.au/classes-and-courses/> to see if there are places available in the class/course you are interested in. If there are no places available, you will be placed on a waiting list in order of date of enquiry.

### Step Two:

If a place is available, complete an enrolment form and return this with full payment to the office. Payment can be made by EFTPOS, credit card, cash, or cheque (in person or over the phone during office hours), or by online booking.

### Terms and conditions:

- Full course fees are payable at the time of enrolment.
- Places in courses are only secure once full payment has been received by Mackie Rd Neighbourhood House.
- Concession cards (Pensioner and Health Care) must be produced on enrolment to receive any discount. Not all courses/classes offer concession rates.
- MRNH does not offer participants the option of paying weekly/ casual rates.
- MRNH does not offer pro rata payments for time away or missed classes (except in special circumstances which can be discussed with the coordinator or office manager). Special consideration will be granted for no more than 1 term in any calendar year.
- Refunds **will not** be given if a student discontinues a course, does not attend or cancels within the week prior to course commencement.
- A refund (less \$10.00 admin fee) is given if you cancel your enrolment at least 7 days prior to course commencement.
- A full refund is provided if the class is cancelled by MRNH due to insufficient numbers or other reasons.

### Privacy statement:

Mackie Rd Neighbourhood House respects your right to information privacy. Information we collect is kept confidential, in accordance with privacy laws. It is required for administrative and statistical purposes and may be required by our funding bodies. It is important that your information is accurate and up to date. If you wish to view this, please call the House Coordinator on 9548 3311.