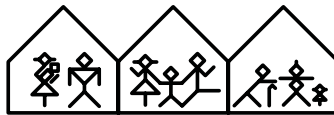


Community centre enrolment form



**Felltimber
Community Centre**

**Baranduda
Community Centre**

**Belgrade Ave
Community Centre**

Please complete this form.

Participant details

Title	Dr	Mr	Mrs	Ms	Miss	Residential address			
First name			Middle name/s						
Last name						Mailing address (if different to above)		Post code	
Contact phone			Concession card *					Post code	
Email						Date of birth (dd/mm/yy)	Gender		
							Male	Female	

Course/activity name

How did you hear about this course/activity?

Newspaper	Social media	Word of mouth	Other
Radio	Website	Course guide	

Student details

Are there any disabilities or medical conditions that we should be aware of? (include allergies/diet etc):

Is there anything else we need to be made aware of e.g. special needs, custody arrangements, etc.?

Language and cultural diversity

In which country were you born?

What is the language spoken at home?

How well do you speak English? (please tick)

01 Very well 02 Well 03 Not well 04 Not at all

Are you of Aboriginal or Torres Strait Islander origin?

01 No 02 Yes, Aboriginal 03 Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If yes, please indicate the areas of disability, impairment or long-term condition (you may tick more than one).

- | | |
|-----------------|------------------------------|
| 11 Hearing/deaf | 15 Mental illness |
| 12 Physical | 16 Acquired brain impairment |
| 13 Intellectual | 17 Vision |
| 14 Learning | 18 Medical condition |
| | 19 Other |

Employment

Please tick the best description of your current employment status

- 01 Full-time employment
- 02 Part-time employment
- 03 Self-employed - not employing others
- 04 Employer
- 05 Employed - unpaid worker in a family business
- 06 Unemployed - seeking full-time work
- 07 Unemployed - seeking part-time work
- 08 Not employed - not seeking employment
- 09 Retired

Reason for study

Which of the following categories best describes your reasons for undertaking this course/program?

- 01 To get a job
- 02 To develop my existing business
- 03 To start my own business
- 04 To try for a different career
- 05 To get a better job or promotion
- 06 It was a requirement of my job
- 07 I wanted extra skills for my job
- 08 To get into another course or study
- 11 Other reasons
- 12 Personal interest/self-development
- 13 Social

Marital status

- | | |
|---------|---------------------|
| Single | Divorced/seperated |
| Married | Living with partner |
| Widowed | |

For student/child under 18 years

Parent/guardian details for students under 18 years

Title	Dr	Mr	Mrs	Ms	Miss	Residential address (if different from that of student)
First name					Middle name/s	
Last name						Post code
Contact phone (home)	Contact phone (mobile)		Contact phone (work)			
Email						

Parent/guardian consent

- On signing this form, I agree to collect or make arrangements for the collection of the young person under 18 years of age if he/she becomes unwell at the centre; and
- On signing this form, I also consent to the staff of the community centre seeking, or where appropriate administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the centre.

Signature

Date

Conditions of enrolment

- To confirm your place in the course/activity, you must return the completed enrolment form to the centre before the enrolment date;
- Fees must be received one week prior to the course/activity commencing. Payment by instalment can be arranged in special circumstances. Please ask the centre co-ordinator;
- A receipt will be issued to confirm your payment and you will be contacted in the event that a course/activity has been cancelled or postponed;
- Please note that refunds after a course/activity has commenced, are only given in exceptional circumstances;
- If you wish to withdraw before the enrolment date closes, a \$20 cancellation fee will be deducted from your refund. A full refund will be made only if the course/activity is already full or cancelled. Sorry, no cash refunds, a cheque will be mailed in due course; and
- Please arrive five to 10 minutes before your course/activity is due to commence to ensure adherence to start/finish times.

Privacy statement

Personal and or health information collected by Wodonga Council is used for municipal purposes as specified in the *Local Government Act 1989*. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to the council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.

I authorise the City of Wodonga to reproduce photo/video of me/my child in it relevent publications.

I agree for my email address to be used to advise upcoming courses, activities and events.

I acknowledge and agree to the conditions of enrolment and the terms described in the privacy statement.

Signature

Date

Felltimber Community Centre

Cnr Melrose Drive and Felltimber Creek Rd,
Wodonga, VIC 3690

Phone: (02) 6043 4550

Fax: (02) 6043 4551

Email: cfelltimber@wodonga.vic.gov.au

Website: wodonga.vic.gov.au

Office hours: Monday to Friday - 9am to 3pm

facebook.com/felltimbercc

Baranduda Community Centre

3 Sage Crt, Baranduda, VIC 3691

Phone: (02) 6020 8643

Fax: (02) 6020 8026

Email: cbaranduda@wodonga.vic.gov.au

Website: wodonga.vic.gov.au

Office hours: Monday, Tuesday, Thursday
and Friday - 9am to 3pm

facebook.com/baradudacc

Belgrade Ave Community Centre

12 Belgrade Ave,
Wodonga, VIC 3690

All enquiries and correspondence to
Felltimber Community Centre.

Payment details

Please indicate your method of payment

Amount payable

Cash

Cheque

Bankcard

Mastercard

Visa

Name on card

Card number

Expiry date