

# RECREATION ENROLMENT FORM – ADULT



Course applying for:

Given name:			
Family name (Surname):			
Preferred name (if different from above):			
Street no and name:			
Suburb:		State:	Post Code:
Home phone:	Mobile:	Email:	
Date of Birth: <small>d d / m m / y y y y</small>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Emergency contact details</b>			
Name:	Phone:	Relationship:	

**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

- Acquired brain injury   
  Hearing/deaf   
  Visual/sight   
  Learning   
  Medical condition  
 Intellectual   
  Physical   
  Mental Illness   
  Other disability .....

Is there anything that may prevent you from successfully completing the course?

Yes (please submit details below)       No

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**How did you hear about the course?** (Please circle)

- Word of Mouth   
  Friend   
  Brochure in letterbox   
  Website   
  Facebook  
 Ad in local paper   
  Existing or past participant   
  Job Network   
  Other .....

**CANCELLATION AND REFUND POLICY**

If withdrawal from a course is made at least 7 days prior to the commencement, CCC will refund to the payee any course fees paid, less an administration charge of \$20. Withdrawals with fewer than 7 days’ notice are not entitled to a refund. In the event that the course has to be cancelled by CCC, a full refund will be paid.

**PRIVACY STATEMENT**

**Cheltenham Community Centre (CCC) offers a range of education and community programs.**

When you enrol with us, we ask for details about yourself, which will be used as our point of contact. This information is **only** used for funding and planning purposes.

You are also required to provide us with an emergency contact. Please ensure that this person is aware that their contact details have been given to us and that you have their consent to provide this information.

If you have any concerns about providing the information requested, please speak to our Customer Service staff they will be able to assist you. Please be assured that any information provided to us is kept confidential and any concerns you may raise about the way we handle your information will also be kept confidential.

If you would like access to the records we hold about you or you would like to correct or update any information, please speak to reception staff who would be pleased to discuss this with you.

All information is held and handled in accordance with the relevant Legislation.

**PHOTOGRAPH & VIDEO AUTHORITY**

I give permission to CCC to use my photograph &/or video footage for the use of CCC activities, for example Annual General Meeting presentation or advertising (including CCC Facebook page).

Yes     No

**MEDICAL AUTHORITY**

I authorise you in the event of injury, illness or accident to obtain medical assistance as required and to be at my expense.     Yes             No

**DECLARATION**

I have read the above information and understand the purposes for the collection of my personal information and information.

Signature ..... Date                    /            /

**OFFICE USE ONLY**

Course Code	Term	Fees Concession   Y / N
Entered in VETTRAK (tick)	Date        /        /	Signature
Enrolment confirmed (VETTRAK): green tick		