

2022 HEALTH & WELLBEING ENROLMENT FORM – ADULT



*** PLEASE USE CAPITAL LETTERS**

Given name:			
Family name (Surname):			
Email:			Contact no:
Date of Birth:			
<p>COVID-19 Vaccination Certificate Document Number:</p> <p>In line with Victoria's Roadmap and Neighbourhood Houses Victoria directives, participants of on-site classes are required to be fully vaccinated against COVID-19. To comply with this directive, we are collecting COVID-19 Vaccination certificate Document numbers as proof of vaccination.</p> <p>You can find this on the right hand side of your certificate.</p>			
Emergency contact details:			
Name:	Phone:	Relationship:	
Classes attending:			

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

<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Visual/sight	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other disability	

***Please turn form over to complete other side**

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 and 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 / /