



General COURSE ENROLMENT FORM

North Ringwood Community House Inc.
 35 - 39 Tortice Drive, Ringwood North 3134
 PO Box 2489, Ringwood North 3134
 Phone: 9876 3421; Fax: 9879 0739
 Email: nrch@bigpond.net.au
 ABN: 78 052 679 939

Course:	Start date:	Day:	Time:	Fee: \$
Course:	Start date:	Day:	Time:	Fee: \$
Contact Details:				
Mr/Mrs/Ms/Miss	Male/Female		Date of Birth:	/ /
First/Given Name:	Family/Last Name:			
Residential Address:				
			Postcode:	
Home Phone:	Mobile:			
Email:				

Emergency Contact Details:		
Name:	Home Phone:	Mobile:

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 indicate more than one area).				
Hearing/deaf	Physical	Intellectual	Learning	Medical condition
Mental illness	Acquired brain impairment	Vision	Other, please specify:	

Concession Types		
Do you have a current concession card?	YES/NO	(If yes please circle below)
Health Care Card (H)	VCE Scholarship (G)	Job seeker and concession card holder (J)
Pensioner Concession Card (P)	Other (O)	Job seeker and not a concession card holder (K)
Veteran Gold Card Concession (V)	None(Z)	

Disclosure: Personal Information will be kept confidential. We may disclose personal information, **when necessary**, to Government Authorities, hospital, medical & health professionals, legal & other professional advisers. Your personal information will not be shared, sold, rented or disclosed other than as described.

Terms and Conditions:

1. Full payment is required to confirm enrolment.
2. If the class is cancelled we will refund you in full.
3. If you cancel your enrolment at least 7 days prior to course commencement we will refund you less \$15 administration fee. No Refund if you cancel less than 7 days prior to course commencement.
4. A copy of the Complaints Policy and Privacy Policy is available at the office.

Signature and declaration: I DO / DO NOT give consent for photographs/recordings to be taken as part of my involvement with programs of the North Ringwood Community House Inc. I acknowledge these images may be used on the North Ringwood Community House Inc. website or for any other promotional material.

In case of emergency I authorise staff at the North Ringwood Community House Inc. to take any steps they may consider necessary for my safety or well-being, including ambulance travel and medical treatment. I understand that I am responsible for all medical bills and expenses.

I acknowledge and agree to the Terms and Conditions listed above. I hereby declare that the information provided in this application for enrolment form is complete and accurate.

Student Applicant Signature:	Date:
-------------------------------------	--------------

Office use only:	
Payment Amount \$	Receipt:
Credit Card Payments	
Credit Card No:	Expiry date: _ / _
Cardholder Name: _____	Signature: _____