

Enrolment Application

Enrolment Procedure

Please read this form carefully and complete **all** details

- Full payment must be made to in order to secure your place. Enrolments are not confirmed until payment is received. Payment can be made by credit card over the phone, in person or by sending a cheque to 32 Henry St Hawthorn 3122.
- Class places will be allocated strictly on a "first come, first served" basis so book early to avoid disappointment.
- Please retain receipt as proof of payment.

Cancellations: If your course is cancelled HCH will refund in full. If you wish to cancel a booking we require at least 7 days' notice prior to the start of the course, and a refund will be paid, less a 20% administration fee. If you are unable to attend some sessions of a course we may issue a refund or a transfer at the Manager's discretion on receipt of a medical certificate

Concessions are available for Health Care Card holders and pensioners. If you are registered with My Aged Care, you may be eligible for a discounted rate with a referral.

First Name: _____ Family Name: _____

Address: _____

Postcode: _____

Telephone: (Daytime) _____ (MOB) _____

Email: _____

Courses: _____ Day/Time: _____

_____ Day/Time: _____

The following information is required for funding and statistical purposes only, and will be treated as confidential. A full copy of our Privacy Policy is available from the office.

Date of Birth: ____/____/____

Gender: Male Female

Country of Birth: _____

Main Language Spoken at Home: _____

Are you Aboriginal/Torres Straight Islander? Yes No

Do you consider yourself to have a Disability? Yes No.

If you do, you may wish to speak to a staff member regarding any particular requirements you have to ensure you are able to participate fully in the course/program.

How did you hear about Hawthorn Community House? (Please tick box)

Course Brochure

Website

Word of mouth

Newspaper

School/Library

City of Boroondara council

Boroondara Bulletin

Other (Please specify) _____

Would you like to be put on our mailing list: Yes (electronic) Yes (Mail) No

Signed: _____ Date: ____/____/____

By signing this form you consent to your information being shared within AccessHC only