

# 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 or in person at 32 Henry St Hawthorn 3122.
- Class places will be allocated strictly on a "first come, first served" basis so book early to avoid disappointment.

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: \_\_\_\_\_

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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  Other

Country of Birth: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_

Are you Aboriginal/Torres Strait 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.*

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

- |  |   |
|--|---|
| <input type="checkbox"/> Course Brochure     | <input type="checkbox"/> Website                    |
| <input type="checkbox"/> Word of mouth       | <input type="checkbox"/> Newspaper                  |
| <input type="checkbox"/> School/Library      | <input type="checkbox"/> City of Boroondara council |
| <input type="checkbox"/> 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