

Hobby/Leisure Enrolment Form

Healesville Living and Learning Centre

A.B.N. 78 831 662 475 R.T.O. No: 3851 Incorporation No: A2731

1 Badger Creek Road, Healesville 3777 Ph: 03 5962 5982 Fax: 03 5962 3907

Email: admin@healesvillelearningcentre.org www.healesvillelearningcentre.org

Office Hours: Monday - Friday 9:00 am - 5:00 pm.



Read this important information before you enrol

Enrolment

Enrol in person at 1 Badger Creek Road, Healesville or by post. Cheques payable to Healesville Living and Learning Centre with your enrolment form. Please enrol early to avoid disappointment. Full payment of the course fee must be made at the time of enrolment.

Cancellations

If we cancel a class due to lack of numbers or unforeseen circumstances, we will refund your course fees in full.

Refunds

Refunds are available if a participant withdraws five (5) working days prior to the commencement of the first class.

A \$20.00 administration fee is charged for withdrawals. There will be no refunds if you cancel after this time.

Student Confidentiality

Your details will not be used for any other purpose. A copy of our Privacy Policy and Statement is available upon request.

No children allowed in class. No animals allowed on site.

Please complete all enrolment details in full in block letters

Personal Details	Surname: _____	Given Name: _____	Middle Initial: _____
	Date of Birth: / /	Country of Birth: _____	
	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex/Unspecified
Address Details	Flat/Unit Number (e.g. 5 or Lot 12): _____	Street Number: _____	Street Name: _____
	Town/Suburb: _____	Postcode: _____	
	Postal Address: (P.O. Box or Roadside Delivery Box): _____		
Contact Details	Phone (H): _____	Phone (B): _____	
	Mobile: _____	Email: _____	
Emergency Contact:	Name: _____	Phone: _____	

Health	Do you have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No (Tick all applicable boxes)
If you have any particular needs, please talk to our staff about how we can support your participation in our program.	<input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Hearing (deaf)
	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical
	<input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other _____

Concession	Concession Type: _____	Number: _____
To qualify for a concession price you must produce a valid concession card.	Expiry Date: / /	Sighted by staff: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Media Release

To be able to use your photograph, image, words we need your permission. Wherever possible, Healesville Living and Learning Centre will be understanding of cultural, family and personal sensitivities. I hereby grant to Healesville Living and Learning Centre and its representatives the right to use, reproduce and publish:

- The photographs taken of me, including my image and likeness as depicted therein
 The statements or testimonials made by me

for editorial, advertising or any other purpose and in any manner and medium, to alter the same without restriction.

I hereby release Healesville Living and Learning Centre and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs, statements and testimonials.

Student Signature: _____

eNewsletter

All enrolled students who provide an email address will be added to our electronic mailing list. If you prefer not to receive mailings from us, please indicate below:

- I do not wish to receive program, event and Centre news from Healesville Living and Learning Centre.

Please let us know where you heard about HLLC: _____

Course Name	Class Code	Fee	Receipt Number
Membership Details (All students are required to take out HLLC Membership)			
Have you paid your membership fees for this year? (If no, a membership fee of \$7.00 is applicable. Cost includes G.S.T.)	Y / N	\$7.00	
	Total		

- Visa Mastercard (A 1.5% surcharge applies)

Name on Card: _____ Expiry Date: / /

Card Number: _____ Date: / /

Signature: _____

Office use only

- Vettrak Enrolled
 Class List Membership

Student Declaration - I hereby declare that all information provided on this form is true and correct.

Student Name: _____ Student Signature: _____

Date: _____

Important: If under the age of 18 a parent / guardian must also sign below

Parent / Guardian Name: _____ Parent / Guardian Signature: _____