



# Participant Enrolment Form - 2019

Course Name	Term	Day	Time	Amount

<b>Personal Details:</b>	
Title:	
Surname:	
Given Name:	
Date of Birth	/ /      Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Phone:	
Work Phone:	
Mobile Phone:	
Email:	
Address:	
Suburb:	
Post Code:	

<b>Medical Details:</b>	
Do you have a disability or medical condition that you would like us to be aware of? <b>Yes / No</b>	
Acquired Brain Injury <input type="checkbox"/>	Medical Condition <input type="checkbox"/>
Hearing/Deaf <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Intellectual <input type="checkbox"/>	Physical <input type="checkbox"/>
Learning <input type="checkbox"/>	Other <input type="checkbox"/>

<b>Language Information:</b>
Are you of Aboriginal or Torres Strait Island origin? <b>Yes / No</b>
Country of Birth
Language spoken at home:
If you do not speak English at home, please tick how well you speak it: Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/>

<b>Emergency Contact – In Case of Emergency:</b>	
Name:	
Relationship:	
Phone:	Mobile:

<b>How did you hear about is?</b>	
<input type="checkbox"/> RFSCH Brochure	<input type="checkbox"/> Council Brochure
<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Previous Participant

**METHOD OF PAYMENT:** We accept cash, cheque, credit card and EFTPOS payments

Please circle:                  Cash      Cheque                  EFTPOS      MasterCard                  Visa

If paying by cheque or Money Order, please make payable to RFSCH

For credit card payments:      Card Number:     

Card Holder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RFSCH is required by law to protect your personal information. We will ensure that the information we collect will be kept in accordance with privacy laws. Please refer to our Privacy policy if you require further information.

**PLEASE READ & ACKNOWLEDGE THE HOUSE ENROLMENT POLICY:**

Enrolments at RFSCH are bound by the RFSCH Policies. **FULL** payment is required prior to commencement of a course. In cases of financial hardship please contact the office to negotiate a payment plan. RFSCH reserves the right to cancel or defer courses due to insufficient enrolments. Full refunds apply when RFSCH cancels the course. In exceptional circumstances applications for refunds may be made in writing to the coordinator. All refunds are made by cheque only and will incur a \$10 administration fee.

<b>All students are required to sign below here as part of their enrolment</b>
I have read and accept the above: <b>Signed:</b> _____ <b>Date:</b> _____