



# BEAUFORT COMMUNITY HOUSE & LEARNING CENTRE



## BASIC ENROLMENT FORM 2023

### COURSE DETAILS

I wish to enrol in the following Course/s

Course Name..... Cost..... Start Date.....

### PERSONAL DETAILS (Please print clearly)

Given name..... Surname.....

Male  Female Date of Birth.....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Email: .....

Current Residential Address (Req'd).....

Postal Address (if different from above).....

Yes, I am happy to be contacted about future activities and workshops

### EMERGENCY CONTACT DETAILS.

1. Name: ..... Relationship: .....

Mobile Phone: ..... Home Phone: ..... Work Phone: .....

2. Name: ..... Relationship: .....

Mobile Phone: ..... Home Phone: ..... Work Phone: .....

### ETHNICITY AND LANGUAGE

Are you an Australian citizen or eligible resident?  Yes  No

Are you an overseas resident?  Yes  No

In which country were you born?  Australia  Other..... (Please specify)

Do you speak a language other than English at home?  Yes  No

If yes, please specify the language spoken most often: .....

How well do you speak English?  Very well  Well  Not well at all

Are you of Aboriginal/Torres Strait Islander Origin?  No  Prefer not to say

Yes, Aboriginal  Yes, Torres Strait Islander

**DISABILITY**

Do you consider yourself to have a disability, impairment or long term condition?  Yes  No

If yes, please specify the areas of disability, impairment or long-term condition:

Vision  Hearing/Deaf  Intellectual  Learning  Medical Condition

Physical  Mental Illness  Acquired Brain Injury

Other – Please give details: .....  
.....

In case of a medical emergency, do you give permission for the calling of an Ambulance?  Yes  No

I **Do Consent / Do Not Consent** (circle relevant choice) to my photo being taken. I understand this may be used in publications, including electronic publications, promotional literature, advertising, community presentations, and media and/or other similar ways.

Beaufort Community House is committed to protecting privacy and the confidentiality and security of information provided to us. In terms of the relevant Privacy legislation, Beaufort Community House will ensure that your personal information will not be disclosed to others, except if required by law or other regulation.

I accept the terms described in this privacy statement

I do not accept the terms described in this privacy statement

**Name of Student:** .....

**Student Signature:** ..... **Date:** .....