

2019 Enrolment Form (NON ACFE)

Only the sections in bold are compulsory

Last Name	First Name		
Phone:	Mobile/Other Phone:		
Gender: Male/Female	Date of Birth: (optional)		
Address:		Post Code:	
Email Address:			
Can we communicate with you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Contact Information/Guardian: Name:			
Relationship:..... Mobile Phone:			
Course/Program Title:	Start Date:	Start Time:	Cost:
Do you have a medical condition/disability that may affect your participation in the activity?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Details.....			
How did you hear about the Centre? (Please tick box) Flyer in letter box <input type="checkbox"/> , Local Paper <input type="checkbox"/> , Friend <input type="checkbox"/> , Passing By <input type="checkbox"/> , Library <input type="checkbox"/> , School/Club <input type="checkbox"/> , Internet <input type="checkbox"/> , Other			
Membership Discounts and Benefits			
Would you like to become an associate member of the SouthPort Community Centre? You will receive newsletter and updates, invitations to events and free access to tea/coffee and computer facilities. The cost of this scheme is \$1 per year. Full membership (with voting rights) is also available for \$5/\$2.50 per year.			
Signature.....Date.....Membership \$.....Receipt #			
Cancellation, Refund & Policy (this applies to term by term payments only, not casual payments) You must advise the Centre in writing if you want to formally withdraw from your class and be eligible for a refund. <ul style="list-style-type: none"> • A full refund is made if a course is cancelled b SouthPort Community Centre. • Refunds for Government funded places will be in line with government requirements. For other courses you are able to apply for a Credit Note/transfer provided five working days' notice is given. An administration fee of \$10 will apply. All your identifying information is kept confidential and not shared with any outside.			
I agree to abide by participant guidelines.			
I give consent/do not give consent for SPCC to use images and film of me to use for fundraising and promotional purposes. I understand that PMNC is a non-profit organisation and that use of photographs will be limited to educational, non-commercial purposes.			
I acknowledge and agree to these terms			
Participant signature:			Date:
Office Use Only	Course Title:	Start Date:	Start Time: Cost:
Copy of Concession Card attached <input type="checkbox"/> Receptionist Initials..... Comments:			
Amount paid \$..... Date paid..... Receipt.....			
Balance Paid \$..... Date Receipt #.....			
Payment Methods			
<ul style="list-style-type: none"> • Cash / Cheque or Money Order • Direct deposit via internet/phone banking: Our account details: Bank: Westpac Account name: Port Melbourne Neighbourhood Centre BSB: 033018 Account number: 239774 Please retain a receipt of your direct deposit and attach to provide proof of payment.			