



2022 Enrolment Form (NON ACFE)
Only the sections in bold are compulsory

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|---|----------------------|---|---------------------------------|
| Last Name | | First Name | |
| Phone: | | Mobile/Other Phone: | |
| Gender: Male / Female / Female Identifying / Non-Binary/ Transgender / Inter-Sex / Not Stated | | 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 by 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. | | | |
| Conditions of enrolment: | | | |
| I agree to abide by participant guidelines. | | | |
| Student Signature: | | | |
| 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 SPCC is a non-profit organization and that use of photographs will be limited to educational, non-commercial purposes. | | | |
| Student Signature: | | | |
| I understand I must show evidence of full COVID 19 Vaccination when enrolling in this course (see DHHS vaccination guidelines). | | | |
| Student Signature:Date..... | | | |
| Office Use Only | Course Title: | Start Date: | Start Time: Cost: |
| Copy of Concession Card attached <input type="checkbox"/> Receptionist Initials..... Comments: | | | |
| Evidence of vaccination sighted <input type="checkbox"/> | | | |
| Amount paid \$..... | | Date paid..... | |
| Balance Paid \$..... | | Receipt..... | |
| 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: SouthPort Community Centre BSB: 033018 Account number: 239774 Please retain a receipt of your direct deposit and attach to provide proof of payment. | | | |