

Community Course and Workshop Enrolment Form

1. DATE OF APPLICATION: ___/___/___ (dd/mm/yyyy)

2. APPLICANT'S DETAILS

Given Name: _____ Surname: _____

Date Of Birth: ___/___/___ (dd/mm/yyyy) GENDER: MALE
 FEMALE

3. CONTACT DETAILS

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email address: _____

Phone Number: _____ Mobile Number: _____

4. EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____

Phone Number: _____ Mobile Number: _____

5. DISABILITY & SUPPORT REQUIREMENTS

Please indicate your type of disability, impairment or long term conditions
 (You may indicate more than one)

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired Brain Impairment
- Vision
- Medical Condition
- Other Specify: _____

My learning style: _____

My mobility needs: (uses wheelchair or other aids) _____

My support needs: _____

I will bring my own support person Yes No

(Please note: For the course to be successful people with high support needs will need to bring their own support person)

Please tick ✓	Independent	Some prompting	Some assistance	Full assistance
Personal care & Toileting				
Behaviour support				
Eating & Drinking				
Social skills				
Communication				
Mobility				

6. COURSE OPTIONS

Course name: _____

Fee/s: \$ _____

Starting date : ___/___/____ (dd/mm/yyyy)

7. METHOD OF PAYMENT

Cash

Cheque

Credit card: VISA MASTERCARD

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Expiry date

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Card holder's name: _____

Card holder's signature: _____

8. CONSENT FOR MEDIA COVERAGE

I give consent to Warrah Society to use pictures and videos of me for promotional activities

Yes

No

Name: _____

Date: _____

Sign: _____

9. CONDITIONS FOR ENROLMENT

I understand that in order for the course to be succesful, I will need to provide my own support person if I need one.

I have read and accepted the conditions for enrolment.

Name: _____

Date: _____

Sign: _____

When completed please return this form to:

Harini Suresh
20 Harris Road, Dural
Warrah Society

Or post to: PO BOX 357, ROUND CORNER NSW 2158

Or email to: hsuresh@warrah.org

Or fax: 9653 7288