

Enrolment Form - Online Health and Wellbeing



Glenroy
Neighbourhood
Learning Centre

FOID: 3831
A00224526

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www.glenroynlc.org.au
ABN 14 154 206 543

GNLC STUDENT NO.														
PROGRAM TITLE:			DAY:		TIME:									
PERSONAL INFORMATION	First Name			Surname										
	Date of Birth			Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>									
	Address													
	Email			Phone										
EMERGENCY CONTACT	Name: _____ Contact No: _____													
CONCESSION	Do you receive a government benefit? No <input type="checkbox"/> Yes <input type="checkbox"/> Please advise _____													
LANGUAGE	Do you speak a language other than English at home? No <input type="checkbox"/> (only English) Yes <input type="checkbox"/> (other) – please indicate _____ How well do you speak English? Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/>													
INDIGENOUS STATUS	Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither													
COUNTRY OF BIRTH	_____ Are you an Australian Citizen or Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>													
MEDICAL DETAILS	Do you have a medical condition or disability that that we should know about? _____ Are you currently taking any Medication? (this information will only be used in the case of an emergency) _____ Do you require any additional support? If yes please advise below _____													
HOW DID YOU HEAR ABOUT US?	<table border="1"> <tr> <td><input type="checkbox"/> Newspaper</td> <td><input type="checkbox"/> Word of mouth</td> <td><input type="checkbox"/> Brochure</td> </tr> <tr> <td><input type="checkbox"/> Website</td> <td><input type="checkbox"/> Been here before</td> <td><input type="checkbox"/> Job network</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (please specify)</td> </tr> </table>					<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Brochure	<input type="checkbox"/> Website	<input type="checkbox"/> Been here before	<input type="checkbox"/> Job network	<input type="checkbox"/> Other (please specify)		
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SIGNATURE	Glenroy Neighbourhood learning Centre uses this information for reporting, statistical and planning purposes. All identified data is removed prior to use. <ul style="list-style-type: none"> I declare that all information on this enrolment form is correct and accurate I give consent for Glenroy Neighbourhood Learning Centre to seek emergency medical attention for myself or provide first aide if necessary. Signature _____ Date _____													