

Enrolment Form Health and Wellbeing 2021



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ABN 14 154 206 543

GNLC STUDENT NO.	
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PROGRAM TITLE _____	DAY _____
	TIME _____

PERSONAL INFORMATION	First Name		Surname	
	Date of Birth		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Address			
	Postcode		Phone(H)	
	Mobile		Phone (W)	
	Email			
EMERGENCY CONTACT	Name		Relationship	
	Phone (M)		Phone (H or W)	
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"/> Not at all <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	<p>Do you have a medical condition or disability that that we should know about?</p> <hr/> <p>Are you currently taking any Medication? (this information will only be used in the case of an emergency)</p> <hr/> <p>Do you require any additional support? If yes please advise below</p> <hr/>									
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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<input type="checkbox"/> Other (please specify)										
SIGNATURE	<p>Glenroy Neighbourhood Learning Centre uses this information for reporting, statistical and planning purposes. All identified data is removed prior to use.</p> <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-aid if necessary. <p>Signature _____ Date _____</p>									

Glenroy Neighbourhood Learning Centre often takes photos of classes, events and activities as part of our promotional material. These may be used for advertising, brochures, display boards, newsletters, website, Facebook page or other publications as necessary.

Please complete below

- YES - I give my consent for Glenroy Neighbourhood Learning Centre to use photographs of myself in advertising and/or promotional materials produced by or for Glenroy Neighbourhood Learning Centre. I understand I will not receive any payment for these photographs being used.

- NO - I do not give my consent for Glenroy Neighbourhood Learning Centre to use photos of myself in any advertising materials. I understand it is my responsibility to not be in the photographs when being taken.

Signature: _____

Date: _____