



Hallam Community Learning Centre Inc.

56 Kays Avenue, Hallam Vic. 3803
Phone 9703 1688 E-mail program@hallamclc.com.au

Incorporated since 1986 No A7966 ABN 53 001 164 470



ENROLMENT FORM: HALLAM COMMUNITY LEARNING CENTRE

Date: ___/___/20__

Course Name/s: _____

Term 1
Term 2
Term 3
Term 4

Personal Details

Full Legal Name Title: _____ First Name: _____ Surname: _____

Name you wish to appear on your certificate, if different from your legal name

First Name: _____ Surname: _____

Gender: Male Female Indeterminate/Intersex/ Unspecified

Contact Details Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Usual Residence Flat/Unit/ Street Number: _____

Street Name: _____

Suburb: _____

State: _____ Postcode: _____

Postal Address, If different from your Usual Residence

Flat/Unit Street / Number: _____

Street Name: _____

Suburb: _____ State: _____ Postcode: _____

Concession Card Number _____

Type: _____ Expiry: ___/___/_____

Date of Birth: ___/___/_____

Country of Birth: _____ Language: _____

Are you of Aboriginal or Torre Strait Islander:

No Yes, Aboriginal Yes, Torre Strait Islander

Emergency Contact Person: Name: _____

Relationship: _____ Contact Number: _____

How did you hear about us?: Been Before City of Casey Family Friend Internet
 Job Agency Newspaper Recommendation

Do you want to be added to our mailing list? Yes No

Do you consider yourself to have a disability, Impairment or Long-term Condition that may require support in your participation in this course?

No Yes

If yes, Please indicate the areas of disability Impairment or Long-term Condition

Acquired Brain Impairment Hearing/Deaf Interlecutal Learning

Medical Condition Mental Illness Physical Other Vision



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English Comprehension Details

Do you have any difficulty with the English Language? Yes / No

Reading Writing Speaking

How well do you speak English?

Very Well Well Not Well Not at all

Study Reason

Why did you choose this course?

To get a job For my own interest/self-development To get into another course

Declaration

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Hallam Community Learning Centre Inc. will let me know about any planned excursions.

PHOTOGRAPHY

I do / don't allow photographs/videos to be taken as part of classes at **Hallam Community Learning Centre Inc.** to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

PRIVACY STATEMENT

I understand that the data collected by **Hallam Community Learning Centre Inc.** will only be used for statistical purposes and my personal information will not be given to anyone else without written permission.

I understand and agree to the terms described in this privacy statement.

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature: _____ Date: __/__/____

Applicant under 18 years

Parent / Guardian Name: _____

Parent / Guardian signature: _____ Date: __/__/____

REFUNDS:

If a course is cancelled or delayed by HCLC, a full refund will be made available.

A refund will be made available for students if HCLC is notified in writing within **five business days prior to the commencement of the course.**

A \$10 administration fee will be deducted from any refund given.

No Refunds are available after a course has started due to our not for profit status.



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Application for Membership of the Hallam Community Learning Centre

Membership fees apply to all users accessing any of the services/programs at Hallam Community Learning Centre. The membership fee is an annual fee January to December.

YEAR COMMENCING: JANUARY 20_____

FAMILY NAME: _____

FIRST NAMES OF ALL FAMILY MEMBERS WHO MAY COME TO THE CENTRE DURING THE YEAR

1. _____ 3. _____

2. _____ 4. _____

Address: _____

_____ Post Code: _____

Phone No: _____ Mob: _____

Email: _____

Membership fee \$ _____ Signed: _____

\$5.00 single/concession, \$8.00 per family or \$12 full financial member (voting rights)

Photography Permisson

I _____ (name)

do (please tick which applies)

do not

give permission for myself, my child or other members of my family as listed above to have their photograph taken and used in promotional materials such as our newsletters & displays, brochures & flyers, our website, our Facebook page, local media and celebrations within the Hallam Community Learning Centre such as Christmas, other members birthdays, etc.

We will endeavour to make sure your wishes are met but if you do not wish to be photographed, please step out of the picture to avoid any difficulties, thank you.

Signed: _____ Dated: _____ / _____ /20_____

Mailing List

I, do (please tick which applies)

do not

wish to be sent information on upcoming courses, newsletters, and upcoming events for the Hallam Community Learning Centre.

Please send all correspondence via email (please tick which applies)

post