



# Hallam Community Learning Centre Inc.

56 Kays Avenue, Hallam Vic. 3803  
Phone 9703 1688 E-mail [program@hallamclc.com.au](mailto:program@hallamclc.com.au)

Incorporated since 1986 No A7966 ABN 53 001 164 470



## ENROLMENT FORM: HALLAM COMMUNITY LEARNING CENTRE

We are committed to the safety, participation, and empowerment of all children regardless of abilities, age, gender, sexuality, or culture. We are committed to the cultural safety of Aboriginal children and our CALD community and have zero tolerance for child abuse.

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**

Aquired 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 2022

Enrolment Date: \_\_/\_\_/2022

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