



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: ART THERAPY AT 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.

Personal Details

Full Legal Name Title: _____ 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: _____

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: _____

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.

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: ____/____/____

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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