



2020 GENERAL ENROLMENT FORM

Class / Activity			
Day/ Date /Time			
PERSONAL DETAILS Please PRINT & complete all sections			
Name			
Address			
Home Number		Mobile	
Email Address			
<input type="checkbox"/> I do not wish to receive emails from Clota Cottage			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Intersex /Unspecified/ Indeterminate <input type="checkbox"/>
Emergency Contact Details	Name:	Relationship	
Emergency Contact Home Phone:		Emergency Contact Work / Mobile	
Do you consider yourself to have a disability, impairment or long term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes do you require any special assistance?			
How did you hear about this course?			
<input type="checkbox"/> Advertising / local paper		<input type="checkbox"/> Past or current student	
<input type="checkbox"/> Website		<input type="checkbox"/> Word of mouth	
<input type="checkbox"/> Facebook page		<input type="checkbox"/> Whitehorse Houses Marketing	
<input type="checkbox"/> Brochure		<input type="checkbox"/> Agency referral	
<input type="checkbox"/> Other please specify			



Clota Cottage Neighbourhood House General Enrolment Form

Privacy Declaration					
Any personal information collected by Clota Cottage is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). To view / or obtain a copy of our Privacy Policy please ask at the Office.					
Emergency Declaration					
I authorise Clota Cottage to call for emergency assistance such as the ambulance service and agree to reimburse					
Signed:				Date	-----/-----/-----
Fees and Charges (Office to complete if required)					
Tuition Fee	\$	Amenities Fee	\$	Resource Fee	\$
Total Fee: \$			<input type="checkbox"/> Student paying	<input type="checkbox"/> Third Party	
If Third Party to be invoiced					
Name on invoice					
Invoice Contact Name					
Invoice Contact Details					
Purchase Order Number		Date of Purchase Order			