



2020 SOCIAL SUPPORT GROUP ENROLMENT FORM

Activity/Activities			
PERSONAL DETAILS (PLEASE PRINT)			
Name			
Address			
Home Number		Mobile	
Email Address			
<input type="checkbox"/> I do not wish to receive emails from Clota Cottage			
Home Phone:		Work / Mobile	
How well do you speak English?	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
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			
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	-----/-----/-----



Clota Cottage Neighbourhood House General Enrolment Form

Emergency Contacts		
Name	Relationship	Contact Numbers
		Ph.
		Mobile.
		Ph.
		Mobile.

My Aged Care Declaration		
I authorise Clota Cottage to make the My Aged Care Referral on my behalf.		
Signed:	Date	-----/-----/-----