



North Ringwood Community House Inc.
 35-39 Tortice Drive, Ringwood North 3134
 PO Box 2489, Ringwood North 3134
 Telephone: **9876 3421**
 Website: www.nrch.org.au
 Email: admin@nrch.org.au
 ABN: 78 052 679 939
 Registered Training Organisation: No: 6434

GENERAL COURSE APPLICATION

Course applying for: _____

Enrolment date: ____ / ____ / ____ Course Commencement Date: ____ / ____ / ____

| Contact Details | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified |
| Date of Birth: | dd / mm / yy |
| First Name (Legal Given Name): | |
| Middle Name (Legal Middle Name): | |
| Surname (Legal Family Name): | |
| Residential Address. Please provide the physical address (street number and name not post office box) where you usually reside: | |
| Post Code: | |
| Postal Address (if different from above): | |
| Post Code: | |
| Home Phone : | () |
| Work Phone : | () |
| Mobile Phone : | () |
| Email Address: | |
| Alternate Email Address: | |
| Emergency Contact Details: | |
| Name: | |
| Relationship: | |
| Home Phone : | () |
| Mobile : | () |

| Disability, Impairment or Long Term Condition | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you consider yourself to have a disability, impairment or long term condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the area of disability, impairment or long term condition: <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other, please specify |
| CONCESSION | |
| Do you have a concession card? (A photocopy of your concession card must be provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: - Expiry date _____ and please tick which concession card, you have <input type="checkbox"/> Health Care Card (H) <input type="checkbox"/> Pensioner Concession Card (P) <input type="checkbox"/> Veteran Gold Concession (V) <input type="checkbox"/> VCE Scholarship (G) <input type="checkbox"/> Other (O) <input type="checkbox"/> None (Z) <input type="checkbox"/> Job seeker and concession card holder (J) <input type="checkbox"/> Job seeker and not a concession card holder (K) |
| How did you hear about this course? | <input type="checkbox"/> NRCH Website <input type="checkbox"/> Internet search (please advise which website) <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input type="checkbox"/> Brochure <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Other (please advise) |

SIGNATURE AND DECLARATION

Terms and Conditions:

1. Full payment is required to confirm enrolment.
2. If the class is cancelled we will refund you in full.
3. If you cancel your enrolment at least 7 days prior to course commencement we will refund you less \$15 administration fee. No Refund if you cancel less than 7 days prior to course commencement.
4. A copy of the Complaints Policy and Privacy Policy is available at the office and on the NRCHI website.

Privacy Statement:

North Ringwood Community House Inc. will not give any personal information about you to anyone else without your written permission, as per the Privacy Act, (2001). For further information in relation to how student information may be used or disclosed please contact the North Ringwood Community House CEO in the first instance on 9876 3421 or by email admin@nrch.org.au

Signature and declaration (please tick):

- I give consent for photographs/recordings to be taken as part of my involvement with programs of the North Ringwood Community House Inc. I acknowledge these images may be used on the North Ringwood Community House Inc. website or for any other promotional material.
- In case of emergency I authorise staff at the North Ringwood Community House Inc. to take any steps they may consider necessary for my safety or well-being, including ambulance travel and medical treatment. I understand that I am responsible for all medical bills and expenses.
- I understand that I am required to sign in and out of each activity and I am only covered by NRCHI VMIA insurance during these times.
- I hereby declare that the information provided in this application for enrolment form is complete and accurate

For offsite Outings (please tick if applicable to your group, Fab 50's and Bush Nomads):

- I understand that during my participation in North Ringwood Community House Inc's Offsite Outings, I may be exposed to a variety of hazards and risks which are inherent in each Offsite Outing and cannot be eliminated without destroying the unique character of the Outings. I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards.
- All Offsite Outings officially begin and end at the location(s) designated by North Ringwood Community House Inc. The Offsite Outings do not include carpooling, transportation, or transit to and from the Outings, and I am personally responsible for all risks associated with this travel

| |
|-----------------------------------------------------------------------------------------------------------|
| Student Application Signature: (or parent/guardian if under 18 years of age) _____ Date: - __/__/__ |
|-----------------------------------------------------------------------------------------------------------|

| |
|-------------------------|
| Office use only: |
| Fees: \$ |
| Concession Fees: \$ |

PARTICIPANT MEDICAL FORM (for exercise and physical classes)

NAME: _____

ADDRESS: _____

PHONE: _____ **WORK:** _____ **MOBILE:** _____

DATE OF BIRTH: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

COURSE/S I am enrolled in: _____

In addition to the details provided in my enrolment, I hereby inform North Ringwood Community House Inc:

YES I do have a medical condition/illness or injury that may be aggravated or made worse by participating in this program. Please complete details on the back of this form.

NO I do not have a medical condition/illness or injury that may be aggravated or made worse by participating in this program

If in doubt please answer YES

If you answered NO

No further questions.

If you answered YES

North Ringwood Community House Inc is committed to, as far as reasonably practical, ensuring the House and its programs are safe for all participants/users. You must take reasonable steps to ensure that your involvement in this program will not cause effects upon your person. These steps may include:

- Informing the Trainer / Facilitator of your condition and discussing ways to minimise the risk of injury whilst still being able to participate in the program.
- Providing documentary evidence from a Health Care Professional that your condition will not be effected by your continued participation in the program.
- Please fill in the Acknowledgement and Declaration over the page.

Failure to inform North Ringwood Community House Inc of a medical condition/illness or injury that may be aggravated or made worse by participating in this program could see any possible compensation claim reduced or invalidated.

A copy of this Acknowledgement and Declaration must be kept on file and a copy given to the Trainer/Facilitator.

ACKNOWLEDGEMENT AND DECLARATION

I declare I will be responsible for my own health and safety whilst participating in a NRCHI program I am enrolled in and to listen carefully and follow all instructions and modifications given. I hereby acknowledge that the information I have provided on this form is true and correct as of the date of this form and agree to provide additional information to North Ringwood Community House Inc. if my status changes during my participation in the program.

North Ringwood Community House Inc. is committed to the privacy principles as prescribed by the information Privacy Act and Health Records Act. Your information on this form is for the sole purpose and use of North Ringwood Community House Inc. The data will be kept confidential.

PLEASE TICK ANY OF THE CONDITIONS THAT MAY APPLY TO YOU

- Asthma / Breathing Problems
- Spinal (back) Problems
- Arthritis
- High or Low Blood Pressure
- Pregnant
- Diabetes
- Epilepsy
- Heart Disease or Previous Heart Surgery
- Injuries (eg Knee, Back) _____
Are there any other conditions that may affect your exercise program?

Any other comments?

Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Trainer/Facilitator: _____

Signature of Trainer/Facilitator: _____ Date: _____