



**North Ringwood Community House Inc.**  
📍 35-39 Tortice Drive (PO Box 2489) Ringwood North VIC 3134  
☎ (03) 9876 3421 | ✉ admin@nrch.org.au  
🌐 www.nrch.org.au  
ABN 78 052 679 939 | Incorp. No. A0004693Z | RTO 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:	
Emergency Contact Details:	
Name:	
Relationship:	
Home Phone :	( )

<b>Disability, Impairment or Long Term Condition</b>	
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
<b>CONCESSION</b>	
Do you have a concession card? (Must be sighted prior to enrolment)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: - Expiry date _____ <i>and please tick which concession card you have</i>  <input type="checkbox"/> Health Care Card (H) <input type="checkbox"/> Pensioner Concession Card (P) <input type="checkbox"/> Veteran Gold Concession (V) <input type="checkbox"/> Other (O) <input type="checkbox"/> None (Z) <input type="checkbox"/> Asylum Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card
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)

<b>SIGNATURE AND DECLARATION</b>
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**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](mailto: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.
- ☐ For general fitness and exercise programs I am aware I need to complete a Participant Self-Assessment Form (attached)
- ☐ 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

Signature: (or parent/guardian if under 18 years of age) _____  Date: __/__/__
Office use only:
Fees: \$
Concession Fees: \$

**\*\* Please continue on next page if you are enrolling in an exercise program**



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**PARTICIPANT SELF-ASSESSMENT FORM FOR GENERAL EXERCISE PROGRAMS**

*(For general fitness and wellbeing – not for health or medical treatment purposes)*

**NAME:** \_\_\_\_\_

**COURSE/S I am enrolled in:** \_\_\_\_\_

This form is to help you consider whether there are any physical conditions that might affect your ability to safely participate in a general fitness or exercise program. It is not a health or medical assessment.

Please indicate below:

☐ **YES**, I am aware of a condition, illness, or injury that may be affected by physical activity or exercise. *(Please provide brief details on the back of this form.)*

☐ **NO**, I am not aware of any condition, illness, or injury that may be affected by physical activity or exercise.

*If unsure, we recommend selecting YES as a precaution.*

**If you answered YES:**

North Ringwood Community House Inc runs general fitness and exercise programs for recreational and personal use only. It does not provide medical treatment, health advice or therapeutic services. If you have any condition that may be affected by exercise, we recommend that:

- You consult with your medical or allied health professional before participating.
- You inform the Trainer so that suitable modifications may be suggested.
- You confirm that your participation is at your own discretion and risk.

North Ringwood Community House Inc takes no responsibility for managing or diagnosing health conditions.

**Please turn over to read and complete the Acknowledgement and Declaration.**

## ACKNOWLEDGEMENT AND DECLARATION

I acknowledge that I am enrolling in a general fitness and exercise program for recreational and personal use only, not a health service. I accept responsibility for managing my own health and physical safety during the program and will listen to and follow all instructions provided.

I confirm the information provided in this form is accurate to the best of my knowledge and I will notify North Ringwood Community House Inc if my situation changes.

North Ringwood Community House Inc collects this information only for the purpose of supporting safe participation in community programs. It is not shared or used for health care, and is managed in accordance with the Privacy and Data Protection Act 2014 (Vic).

**Please indicate any conditions you are aware of that might affect your participation in exercise:**

- ☐ Asthma / Breathing Difficulties
- ☐ Spinal or Back Issues
- ☐ Arthritis
- ☐ High or Low Blood Pressure
- ☐ Pregnancy
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Condition or Surgery
- ☐ Injuries (e.g. knee, shoulder, back): \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_

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**Any other comments?**

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**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Trainer/Facilitator:** \_\_\_\_\_

**Date:** \_\_\_\_\_