

2021 PROGRAM ENROLMENT FORM – Personal Development Courses

List all Programs:	1. _____ Commencement Date: ____ / ____ / ____
	2. _____ Commencement Date: ____ / ____ / ____
	3. _____ Commencement Date: ____ / ____ / ____

How did you hear about this course? Local Paper Library Friend Passing By Internet Magazine Living in Glen Eira Other

PERSONAL DETAILS

Given Names: _____ Family Name: _____
Legal Given Names Legal Family Name

Date of Birth: / / (D/M/Y) Gender (tick box): Female Male Other

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Usual Address: _____ Postcode:

Concession Card No: ** Expiry Date: / /
** A dependent spouse or dependent child must provide the Concession Card number of spouse or parent

Concession Type (tick box): Commonwealth Health Care Card (H) Pensioner Concession Card (P) Veteran's Gold Card (V)

DISABILITY / INDIGENOUS STATUS / COUNTRY OF BIRTH

Do you have a permanent disability or allergy that may affect your participation in class? (tick box): Yes No

Hearing/Deaf Physical Intellectual Mental Illness Acquired Brain Impairment

Vision Learning Medical Condition Other (please specify) _____

Are you Aboriginal or a Torres Strait Islander? Yes No Country of Birth: _____

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____ Relationship: _____

Emergency Phone Contact: _____ Email: _____

MEMBERSHIP / PHOTO PERMISSION / EXCURSION INDEMNITY

GEALC students & volunteers automatically becomes a member of the Centre. Membership includes access to the Centre facilities, contribution to Centre decision-making, newsletters/notices of meetings and events. The Centre respects the right of individuals to privacy and any information collected and held is kept in accordance with the *Privacy and Data Protection Act 2014*. In most cases, information about individuals is only released to third parties with consent, or when required by law to do so. Ask GEALC Staff if you require further information.

I would like to receive GEALC emails about events / workshops/ newsletters / courses

I give permission for GEALC to use my name /photos/ film recordings taken of me for GEALC business and events

I accept responsibility for myself whilst taking part in **ANY** GEALC excursion/off-site activity Signed: _____

CONDITIONS OF ENROLMENT

Full payment of fees must accompany completed enrolment form to confirm a place in course. When a class is filled, students may be placed on a waiting list. Classes start on date shown unless otherwise notified. Refunds are only considered if 7 days notice is given prior to commencement date. An administration fee of 10% will apply to all refunds. No refund will be given once a course has commenced. GEALC reserves the right to cancel or defer classes with low enrolments. Students will be notified of such cancellations prior to the course commencement date and a full refund will be given.

Student Declaration and Consent
 I declare that the information I have provided to the best of my knowledge is true and correct.

Student Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Fees	Resident Concession: <input type="checkbox"/>	Resident Non-Con: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Reduction of Fees: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Completed Reduction of Fees Form</small>		
Program Name:	Funding Type:		Term	Amount	Date Paid:	Rec No:
	ACFE <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
Invoice Required? Y / N	Invoice to:			Date Invoice Paid:		
Student ID:	Entered on SMS by:			Entered Date:		