

Sandybeach Centre Enrolment Form (FFS)



Where did you hear about Sandybeach Centre?

- Course and Event Guide
 Bayside Leader
 Promotional Flyer
 Facebook
 Word of Mouth
 Website
 Other (Specify)

COURSE NAME	WHAT DO YOU HOPE TO ACHIEVE FROM THIS PROGRAM

PERSONAL DETAILS

Title Surname (*Legal family name*)
 Given Names (*Legal given names*)
 Address
 Building/Property Name.....Flat/Unit Number.....
 Street Number Street name.....
 Suburb..... State..... Postcode..... Date of Birth / /
 Phone (Home)..... Mobile Email
 Gender: Female Male (Indeterminate/Intersex/Unspecified

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

Building/Property Name.....Flat/Unit Number.....
 Street Number Street Name.....
 PO Box or Roadside Delivery Box
 Suburb.....State.....Postcode

EMERGENCY CONTACT (*Required information*)

Name Phone/s Relationship

Do you have a medical condition that may impact on your ability to join this program?
 If yes, please complete our Medical Condition Form, obtained from Reception
 Yes No

Australian Citizen
 Permanent Resident
 Other
 (Office Use Only - Funding Source Identified)

If you do not wish to receive any marketing communications from us, please tick here
 Office Use Only

CONDITIONS FOR USE OF PHOTOGRAPHIC, VIDEO, AUDIO AND WRITTEN MATERIALS

Sandybeach Centre requests permission to take photographs, video recordings and audio recordings or to use student work to keep as a record of student participation in a course. From time to time they can be used for publicity including promotional material, display material, on our website, our Facebook page and in Sandybeach Centre publications.

By signing this form, I give permission to have my photograph, video recording, audio recording or any of my work copied to be kept as a record of my participation and (if applicable to the course) as evidence of assessment tasks. I understand that this is a requirement of Accredited and Pre-Accredited Training.

Please tick this box if you **DO NOT** give permission to have your photograph, video recording, audio recording or any of your work copied to be used in publicity for Sandybeach Centre for the purposes described above.

Name Signed Date/...../.....



Sandybeach Centre
 Award winning adult education, community services, wellbeing and the arts
 2 Sims Street Sandringham VIC 3191

ABN: 398 538 675 16 TOID: 4069
 9598 2155 admin@sandybeach.org.au www.sandybeach.org.au



To be signed for subsequent re-enrolments:

I confirm that the information contained in this form is still current and correct

Signed Date/...../.....

Signed Date/...../.....

Signed Date/...../.....

Signed Date/...../.....

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OFFICE USE ONLY

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