

**Government Funded (CHSP & HACC PYP) Enrolment Form**

 **The following information is required to ensure ongoing HACC funding for the Inclusive Communities program**

**First Name: ...................................Surname:......................................................**

**Address:.............................................................................................................Postcode.....**

**HOME PHONE:........................................ Mobile Phone:......................................**

**Email address:..............................................................................................**

**DOB......./.........../.............**

**Name of the person to contact in case of emergency: ...........................................................................**

**Home Phone: ........................................... Mobile:.............................................**

**Relationship to you:............................................**

**How did you find out about us:**

**...................................................................................................................................................**

**Special Needs (dietary, medical, food, cultural, religious, linguistic):**

**...................................................................................................................................................**

**What are your living arrangements? (Please tick all that apply):**

o Live alone o Live with others o Live with family

o Private residence o Retirement village o Institutional setting o Other (Please state)

**NDIS number and Plan manager (if applicable):**

**...................................................................................................................................................**

**Do you have a carer?**

**...................................................................................................................................................**

**Source of referral:**

**...................................................................................................................................................**

**What specific classes are you interested in?**

**………………………………………………………………………………………………………………………**

**Why do you want to get involved IN THIS PROGRAM?**
 **(P)** Tick as many as you like.

|  |  |
| --- | --- |
| **o Learn new skills****o Share skills****o Meeting people****o Coming up with new ideas** | **o Working on group projects****o Other reason. Please explain:****………………………………………** |

**What experience do you have in working with THIS ACTIVITY?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Warning: By signing this document you take full responsibility for your safety**

I declare that the information I have given above is true and correct. I acknowledge that it is a condition of participating in the Inclusive Communities Program that I do so at my own risk and accept all risks and hereby indemnify and release the Kew Neighbourhood Learning Centre (“the centre”) their agents, affiliates, employees and any other person directly or indirectly associated with the centre, against all liability, claims, demands and proceeding arising out of or connected with my participation in this activity. I hereby accept that participating in this program is not without risks or dangers and certify that I understand and accept the risks and dangers. I certify that I voluntarily elected to participate in this program.

**o Tick this box to confirm that the *Participant Information Booklet* has been given to, and gone through with the student by the Coordinator.**

**o Tick this box to confirm that you have received the Inclusive Communities Program Manual.**

**o Tick this box to confirm you understand and agree that we may use, disclose and manage your personal information as described in the Participation Information Booklet and Program Manual**.

**Your signature: Date:**

**Program Coordinator: Date:**