



Reynard Street
Neighbourhood House

REYNARD STREET NEIGHBOURHOOD HOUSE - SHORT COURSE ENROLMENT FORM

Course Name _____ Term, Year _____

PERSONAL AND CONTACT DETAILS

Surname _____

Given Names _____

Address _____

Suburb _____ Postcode _____

Telephone (Home) _____ (Work) _____

(Mobile) _____ Email _____

Gender _____ Date of birth ____/____/____

Concession Type (if applicable) _____

LANGUAGE AND CULTURAL BACKGROUND

In which country were you born? Australia Other _____

Do you speak a language other than English at home?

No, English only Yes – please specify _____

MARKETING

How did you find out about this course?

Newspaper Brochure/flyer RSNH Website Online

Word of mouth Gumtree Job Network Facebook

Other _____

Would you like to receive our e-newsletters and updates about RSNH programs and projects? Yes No

TRAVEL

How will you travel to Reynard Street Neighbourhood House?

By foot Bicycle Car Public transport Other

Privacy Notice

Robinson Reserve Neighbourhood House is required by State and Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the Information Privacy Principles Privacy Act 1988. All information provided will be stored securely to maintain your privacy and confidentiality. All records are destroyed by shredding when the date for storage expires. Your personal information is not given to any person without your prior consent. To access or update your records contact the ACFE Coordinator on 9386 7128.

Signature _____ Date _____

Photographic Images, Video Images, Writing and Quotations

I give my consent and approval for the use of my photographic images, video images, writing and quotations, by Robinson Reserve Neighbourhood House for promotional activities, in relation to this course and any future courses I may potentially take. I also confirm that no payment or benefit will be sought by me for the use of any of the above by Robinson Reserve Neighbourhood House. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

Signature _____ Date _____

STAFF USE ONLY

Date of enrolment

Amount paid

Payment method

Receipt number

Staff signature