



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-newsletter?  Yes  No

## STAFF USE ONLY

Date of enrolment	Amount paid
Payment method	Receipt number

## TRAVEL

How will you travel to Reynard Street Neighbourhood House?  
 By foot  Bicycle  Car  Public transport  Other

## Privacy Notice

Reynard Street Neighbourhood House (RSNH) 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 RSNH 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 RSNH. 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 \_\_\_\_\_

## HOUSE MEMBERSHIP

I, \_\_\_\_\_ wish to join or renew membership to RSNH, up to 30 April, 20\_\_\_. I agree to uphold the aims and objectives of RSNH, and abide by the constitution and rules of the association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_