

Community Programs Enrolment Form

Payment is required to secure your place
Payment Options:
Phone in: Secure your place by giving your credit card details on 9842 6726
Walk in: Bring this completed enrolment form together with cash, cheque, money order or credit/efpos card to our Centre at: 1/520 Blackburn Road, Doncaster East
www.pineslearning.com.au info@pineslearning.com.au

Personal Details (Please print clearly)

(Mr/Mrs/Miss/Ms) First Name Surname

Date of Birth / / 19..... Phone (Home)

Phone (Work) Phone (Mobile)

Email:

Would you like to receive our Brochure and other information via email? Yes No

Home/Postal Address

Suburb Postcode

Emergency Contact Name Phone No. Mobile

Relationship to you:

From time to time Pines Learning takes photographs of events and publishes them in the local newspaper or posts them on our website for marketing purposes.

Do you give permission for your photo to be taken and published? Yes No

How did you hear about Pines Learning or this course?

- | | | |
|---|--|---|
| 1. Pines Learning | 2. Local Papers - | |
| <input type="checkbox"/> Brochure mail out | <input type="checkbox"/> Manningham Leader | <input type="checkbox"/> Melbourne Weekly Eastern |
| <input type="checkbox"/> Brochure email | <input type="checkbox"/> "What's on" section | <input type="checkbox"/> "See & Do" section |
| <input type="checkbox"/> Brochure in local paper | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Story / Article |
| 3. Pines Learning website <input type="checkbox"/> | 4. Friend/Word of mouth <input type="checkbox"/> | 5. School Newsletter <input type="checkbox"/> |
| 6. Employment Agency <input type="checkbox"/> Which Agency? | | 7. Other |

Course and Fee details

Name of Course	Course Code	Start Date	Course fee

Concession rates apply for Pensioner Concession Card, Commonwealth Health Care Card and Veterans Gold Card holders. A copy of your concession card is required at enrolment. For further details please see the Program Coordinator

ARE YOU CLAIMING CONCESSION? Yes No

If Yes, what type? (e.g. Health care, Pension or Veterans)..... Expiry date:

Office Use:
Copy obtained

**A 10% discount applies if you enrol in 2 or more classes per week for the whole term.
Conditions apply.**

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Disability

Do you consider yourself to have a disability, impairment or long term condition? Yes No

If yes, please indicate area of disability, impairment or long term condition: (You may indicate more than one area)

- | | |
|--|--|
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Vision <input type="checkbox"/> Other |

Please inform Reception or your Tutor prior to commencement of your course of any injury, illness or disability that may affect your participation.

Disclaimer and Declaration (Translations available on request)

Representations and Acknowledgements:

- * There are no medical reasons or pre-existing illness/es or injury/ies preventing me from participating in the class or activity for which I am applying/enrolling and I am physically capable of performing the requirements relating to this class or activity.
- * To the maximum extent permitted by law, I acknowledge that Pines Learning gives no warranties in respect of the facilities and equipment it provides, and makes no representation as to the suitability of classes or activities for any individual.
- * I authorise Pines Learning to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that Pines Learning bears no responsibility and will indemnify Pines Learning for costs incurred as a result.
- * I acknowledge that I will not hold Pines Learning (or any of its employees) responsible for any personal injury (caused by negligence or otherwise), either direct, indirect, resulting or consequential, or any loss, expense, damage or injury suffered by me or to my property.
- * I acknowledge that Pines Learning is committed to safeguarding students' privacy, however situations may arise which require the disclosure of my personal information. I understand that Pines Learning acknowledges and adheres to the National Privacy Principles of the *Privacy Act 1988* (Cth) as amended.
- * I confirm that I have received a copy of the Student Information Handbook.

Liability:

- * Pines Learning excludes, to the maximum extent permitted by law, all liability for any personal injury and any direct or indirect or consequential loss, damage or expense.
- * To the maximum extent permitted by law, I hereby release and will indemnify and keep indemnified Pines Learning for any injury or loss suffered by me whilst on Pines Learning's premises.

Declaration

I declare that, to the best of my knowledge, the information supplied by me on this form is true and correct. I have read and accept the conditions of enrolment as per the Student Information Handbook, including the fee refund policy

Signature:

Date:

PLEASE CHECK YOUR RECEIPT FOR COURSE DATES

**Participants are to wear appropriate footwear to all exercise classes.
If in doubt please consult with the Program Coordinator or Tutor.**

