

# Enrolment Form- General Courses

572 Park Road, PARK ORCHARDS 3114 **Postal address:** P.O. Box 68, PARK ORCHARDS 3114  
 Phone: 9876 4381 Fax: 9876 3263 Email: [pochi@parkorchards.org.au](mailto:pochi@parkorchards.org.au)



**Guidelines:**

1. Enrol by mail, in person or by fax. Faxed and enrolments by phone will only be accepted using MasterCard or Visa. All courses must be paid for on enrolment.
2. Childcare is available for most daytime courses for \$6.00 per hour. This must be paid in full prior to course commencement.
3. It is our policy that no children are allowed in adult classes.

Surname: (Mr, Mrs, Miss/Ms ) \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
 Email: \_\_\_\_\_@\_\_\_\_\_  
 Male  Female  DOB \_\_\_/\_\_\_/\_\_\_ Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Course Code	Course Name	Fee	Rec No
		<b>Total</b>	
		<b>\$</b>	

Do you require childcare for the above course? **Yes/No**

**METHOD OF PAYMENT** (\$1.50 processing charge will be added to credit card and EFTPOS transactions)

MasterCard  Visa  Cash  Cheque  (Please make cheques payable to POLCI)

Credit Card No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry date \_\_\_/\_\_\_ Authorised Amount \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

1. Are you of Aboriginal or Torres Strait Islander origin? Yes  No
2. Country of birth \_\_\_\_\_
3. Do you have a disability Yes  No   
 If so – what is your disability? \_\_\_\_\_
4. Where did you hear of us? \_\_\_\_\_ If it was our brochure where did you obtain it? \_\_\_\_\_
5. Please indicate if you agree or disagree to having your photo taken during class time. The photos may be used for promotion in our printed material, website or on noticeboards throughout the Centre.  
**Agree/Disagree**
6. All information provided above is true and correct.

Signed: \_\_\_\_\_

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

**Please turn page over read and sign**

**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 Park Orchards Learning Centre Inc. 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 Park Orchards Learning Centre Inc. to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that Park Orchards Learning Centre Inc. bears no responsibility and will indemnify Park Orchards Learning Centre Inc. for costs incurred as a result.
- \* I acknowledge that I will not hold Park Orchards Learning Centre Inc. (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 Park Orchards Learning Centre Inc. is committed to safeguarding students' privacy, however situations may arise which require the disclosure of my personal information. I understand that Park Orchards Learning Centre Inc. acknowledges and adheres to the National Privacy Principles of the *Privacy Act 1988* as amended.

**Liability:**

- \* Park Orchards Learning Centre Inc. 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 Park Orchards Learning Centre Inc. for any injury or loss suffered by me whilst on Park Orchards Learning Centre Inc.'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 including the fee refund policy

Student Signature: \_\_\_\_\_

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

If you wish to read our Privacy Policy please go to [www.parkorchards.org.au](http://www.parkorchards.org.au)