

# Community Course and Workshop Enrolment Form

Date of Application:     /     /     (dd/mm/yyyy)

## APPLICANT'S DETAILS

Given Name:

(First)

(Last)

Date of Birth:     /     /

Gender: M

F

## CONTACT DETAILS

Address:

Suburb:

State:

Postcode:

Email Address:

Phone Number:

Mobile Number:

## EMERGENCY CONTACT DETAILS

Name:

Relationship:

Phone Number:

Mobile Number:

## DISABILITY & SUPPORT REQUIREMENTS

Please indicate your type of disability, impairment or long term conditions. (You may indicate more than one).

Hearing/Deaf

Mental Illness

Intellectual

Vision

Physical

Acquired Brain Impairment

Learning

Medical Condition

Other (Specify)

My learning style:

My mobility needs: (uses wheelchair or other aids)

My support needs:

I will bring my own support person:     Yes     No

(Please note: For the course to be successful people with high support needs will need to bring their own support person).

## DISABILITY & SUPPORT REQUIREMENTS CONT.

<b>Please tick ✓</b>	Independent	Some prompting	Some assistance	Full assistance
Personal care & Toileting				
Behaviour support*				
Eating & Drinking				
Social skills				
Communication				
Mobility				

\*If you have indicated that behaviour support is required, a staff member will be in contact with you to discuss further.

## COURSE OPTIONS

Course Name:

Fee: Starting Date: / / (dd/mm/yyyy)

## METHOD OF PAYMENT

Cash

Cheque

Add to Fees (Existing Participants Only)

Credit Card → VISA or MASTERCARD

Expiry Date:

Card Holder's Name:

Card Holder's Signature:

## CONSENT FOR MEDIA COVERAGE

I give consent to Warrah Society to use pictures and videos of me for promotional activities: Yes No

Name: Date: / / Sign:

## CONDITIONS OF ENROLMENT

I understand that in order for the course to be successful, I will need to provide my own support person if I need one. I have read and accepted the conditions for enrolment.

Name: Date: / / Sign:

Relationship of person completing form:

When completed please return this form via email or post to:

Saara Fernando | Email: [sfernando@warrah.org.au](mailto:sfernando@warrah.org.au)

Post: PO BOX 357, Round Corner NSW 2158

### Warrah Disability Services

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PO Box 357 Round Corner NSW 2158

T: 02 9651 2411

E: [warrah@warrah.org.au](mailto:warrah@warrah.org.au)

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