

# Hobby/Leisure Enrolment Form

## Healesville Living and Learning Centre

A.B.N. 78 831 662 475 | Incorporation No: A2731 | TOID: 29556

Office Admin: Healesville Community Link 110 River Street Healesville 3777

Training Rooms: 1 Badger Creek Road, Healesville 3777

Phone: 03 5962 5982

Email: [reception@hllc.org.au](mailto:reception@hllc.org.au) Website: [hllc.org.au](http://hllc.org.au)

Office Hours: Monday - Friday 9:00 am - 4:00 pm



### Read this important information before you enrol

- Enrol in person at **Healesville Community Link 110 River Street, Healesville** or online **[www.hllc.org.au](http://www.hllc.org.au)** or by post.
- Cheques payable to Healesville Living and Learning Centre with your enrolment form.
- Please enrol early to avoid disappointment. Full payment of the course fee must be made at the time of enrolment.

### Cancellations

If we cancel a class due to lack of numbers or unforeseen circumstances, we will refund your course fees in full.

### Refunds

Refunds are available if a participant withdraws five (5) working days prior to the commencement of the first class.

A \$20.00 administration fee is charged for withdrawals. There will be no refunds if you cancel after this time.

### Student Confidentiality

Your details will not be used for any other purpose. A copy of our Privacy Policy and Statement is available upon request.

No children allowed in class. No animals allowed on site.

### Please complete all enrolment details in full in block letters

<b>Personal Details</b>	Surname: _____	Given Name: _____	Middle Initial: _____
	Date of Birth:        /        /	Country of Birth: _____	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		
<b>Address Details</b>	Flat/Unit Number (e.g. 5 or Lot 12): _____ Street Number: _____ Street Name: _____		
	Town/Suburb: _____		Postcode: _____
	Postal Address: (P.O. Box or Roadside Delivery Box): _____		
<b>Contact Details</b>	Phone (H): _____	Phone (B): _____	
	Mobile: _____	Email: _____	
<b>Emergency Contact:</b>	Name: _____	Phone: _____	

### Health

If you have any particular needs, please talk to our staff about how we can support your participation in our program.

Do you have any disabilities?  Yes  No **(Tick all applicable boxes)**

Visual

Intellectual

Hearing (deaf)

Learning

Mental Illness

Physical

Acquired Brain Impairment

Medical Condition

Other \_\_\_\_\_

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## Media Release

To be able to use your photograph, image, words we need your permission. Wherever possible, Healesville Living and Learning Centre will be understanding of cultural, family and personal sensitivities. I hereby grant to Healesville Living and Learning Centre and its representatives the right to use, reproduce and publish:

- The photographs taken of me, including my image and likeness as depicted therein  
 The statements or testimonials made by me

for editorial, advertising or any other purpose and in any manner and medium, to alter the same without restriction.

I hereby release Healesville Living and Learning Centre and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs, statements and testimonials.

Learner Signature: \_\_\_\_\_

## eNewsletter

All enroll learners who provide an email address will be added to our electronic mailing list. If you prefer not to receive mailings from us, please indicate below:

- I do not wish to receive program, event and Centre news from Healesville Living and Learning Centre.

**Please let us know where you heard about HLLC:** \_\_\_\_\_

Course Name	Class Code	Fee	Receipt Number
<b>HLLC Membership</b>			
Would you like to apply for membership of HLLC?	Y / N	\$7.00	
	Total		

- Visa  Mastercard (A 1.5% surcharge applies)

Name on Card: \_\_\_\_\_ Expiry Date:    /    /

Card Number: \_\_\_\_\_ Date:    /    /

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

### Office use only

- Social Planet     Enrolled  
 Class List         Membership

**Student Declaration** - I hereby declare that all information provided on this form is true and correct.

Learner Name: \_\_\_\_\_ Learner Signature: \_\_\_\_\_

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

**Important: If under the age of 18 a parent / guardian must also sign below**

Parent / Guardian Name: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_