



Pines Learning

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2010 GENERAL INTEREST COURSES ENROLMENT FORM

Pines Learning
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ENROLMENT GUIDELINES

- * Enrol by completing this form and either post to us with cheque, phone with credit card details, or come in and pay with Eftpos cash or credit card.
- * Concession rates apply for registered unemployed, pensioners and health card holders. A copy of your concession card is needed if you are claiming the concession price.
- * Refer to Student Information Handbook for details of refund policy, or phone and ask for details before you enrol for your course, as in accordance with this policy refunds are only granted in certain circumstances.
- * Childcare fees of \$6.00 per hour are in addition to course fees and are payable in advance.

PLEASE NOTE THAT IT IS CENTRE POLICY THAT CHILDREN ARE NOT PERMITTED IN ADULT CLASSES

TITLE (Mr/Mrs/Miss/Ms)..... SURNAME FIRST NAME

DATE OF BIRTH / / 19..... PHONE (home) 03(work) 03 (mobile)

EMAIL WOULD YOU LIKE TO RECEIVE OUR BROCHURE VIA EMAIL? Yes No

POSTAL ADDRESS POSTCODE

EMERGENCY CONTACT NAME PHONE NO

COURSE DETAILS (Enter details for all classes)

NAME OF COURSE	COURSE CODE	START DATE	COURSE FEE

PARTICIPANTS ARE TO WEAR APPROPRIATE FOOTWEAR TO ALL EXERCISE CLASSES. IF IN DOUBT CONSULT PROGRAM COORDINATOR OR TUTOR

ARE YOU CLAIMING CONCESSION? Yes No (A copy of your concession card is required at enrolment)

If Yes, what type of concession? (e.g. Age, Family Allowance, New Start, etc)

Do you consider yourself to have a disability, impairment or long term condition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please indicate area of disability, impairment or long term condition:			
Hearing/Deaf <input type="checkbox"/>	Physical <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Acquired brain impairment <input type="checkbox"/>	Vision <input type="checkbox"/>	Medical condition <input type="checkbox"/>	Other

PLEASE INFORM THE PROGRAM COORDINATOR AND/OR TUTOR EITHER PRIOR TO OR AT THE FIRST SESSION, OF ANY INJURY, ILLNESS OR DISABILITY THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN YOUR CLASS.

How did you hear about Pines Learning?

1. Pines Learning Brochure: Centre Mailout <input type="checkbox"/> Insert in local paper <input type="checkbox"/>	2. Internet / Electronic <input type="checkbox"/>
3. Local Paper: Manningham Leader <input type="checkbox"/> Melbourne Weekly Eastern <input type="checkbox"/> Which section: "What's on" <input type="checkbox"/> "Need to Know" <input type="checkbox"/> Advertisement <input type="checkbox"/> Story/article <input type="checkbox"/>	
4. Friend/Word of mouth <input type="checkbox"/>	5. School Newsletter <input type="checkbox"/> 6. Other

Privacy: Pines Learning respects your right to privacy. Information is collected for the purpose of statistical records and may be used in surveys commissioned by our funding bodies. All personal information is kept in accordance with Privacy Legislation and is not used for any other purpose without your consent. The Centre's Privacy Policy is included in the Student Information Handbook.

Disclaimer: Prior to undertaking classes, participants should consult their health care professional if they have a pre existing illness or injury that could affect their participation in class. All care will be taken by Pines Learning to ensure participants safety. I acknowledge Pines Learning (or any of its staff paid or unpaid) will not be liable, to the maximum extent permitted by law, for any direct, indirect, resulting or consequential loss, cost, expense, damage or injury to myself or my property.

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 for costs incurred as a result and I confirm that I have received a copy of the Student Information Handbook

PLEASE SIGN: **DATE:**