

I have a disability:	Yes	No
Type of disability:		
Hearing	Physical	Intellectual Learning
Mental Illness	Medical	Acquired Brain Impairment
Visual/Sight	Other	_____
Might you require assistance in class?	Yes	No
If Yes, please indicate your requirements:	_____	
Support Person: _____	Phone: _____	
Organisation:	_____	

I have a Case Manager: NAME: _____
Phone: _____
Agency: _____

I would like to be added to your mailing list	YES / NO
How did you find out about us? (Please circle)	
PNH brochure	Advertisement in the local paper
Friend	Student
Continuing Student	Display / Notice Board
Community Agency	An employer
Other:	

Declarations:

- Privacy Information: This organization respects your right to privacy. Information which we collect from you is held in accordance with information privacy laws and the Preston Neighbourhood House's Privacy policy. Please ask should you require further information.
- Recognition of Prior Learning: There is provision within PNH's policies for prior learning to contribute towards completion of courses. If you wish to have your prior learning considered please tick the box. An application will need to be made for Recognition of Prior Learning. Yes, I wish to apply for RPL
- I understand the conditions relating to Fees, Concessions and Refunds, and hereby agree to pay all fees and charges applicable
- I agree to abide by the policies of the Preston Neighbourhood House and its Code of Conduct.
- I authorize the organization to release information regarding my class participation to any government department or referring agency if applicable.
- I understand the Information Privacy Policy of the Preston Neighbourhood House.
- I declare that the information supplied on this enrolment form is correct and complete.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____