

Span Enrolment Form

Have you previously enrolled in a course at Span? Yes No

Course Name: _____

Surname: _____ First name: _____

Preferred name if any: _____

Date of Birth: _____ Female Male Not specified

Landline: _____ Mobile: _____

As part of enrolment you will receive newsletters and program brochures from Span. If you do not wish to receive emails please leave email address blank.

Email Address: _____

Address: _____

Suburb: _____ Postcode: _____

Emergency Contact: _____ Contact Number: _____

Medical

Do you have a medical condition or disability that may impact on your participation at Span? Yes No

Acquired brain impairment Medical condition Physical

Hearing/deaf Mental illness Vision

Intellectual Learning Other _____

Food allergies/restrictions (only required if attending cooking and food related activities).

If so, please specify: _____

Tick if you require a health and safety plan

Concession Entitlement

If you are seeking a concession rate, Span must sight your current concession card. If you are posting or emailing your form, a current copy of your concession card must be attached to this form prior to course start date. Otherwise full fees will apply.

Concession type: _____ Expiry Date: _____ Staff initials: _____

Home and Community Care

Span is funded to provide social inclusion support under the Home and Community Care Program (HACC). This funding is to support special needs groups including: socially isolated; financially disadvantaged community members; people with a disability; mental illness; dementia; carers.

Would you like to know if you qualify for HACC support? Yes No

How did you find out about Span?

Been here before	<input type="checkbox"/>	Local paper	<input type="checkbox"/>	Span website	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	Email newsletter	<input type="checkbox"/>	Span Facebook	<input type="checkbox"/>
Walking past	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Other	<input type="checkbox"/>
Brochure	<input type="checkbox"/>	Where did you find the brochure: _____			
Referral from whom or where: _____					

Photo consent

I give consent for photographs/recordings to be taken as part of my involvement with programs of Span.

I also give permission for a first name to be used with these photos. Types of publicity may include social media, display boards, power point presentations, newsletters, articles or annual reports.

Yes No

Privacy Statement

I understand that Span Community House Inc. is required to provide the Victorian Government, through the Department of Health and Human Services, with student and training activity data. The Department collects this data for a range of purposes including administration, monitoring and planning. Information is required in accordance with the Victorian VET Student Statistical Collection Guidelines that are available at www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx

Statistical data is also used to improve the services that Span provides.

I have read and agree to the terms of the privacy statement above. I also accept the conditions of enrolment at Span.

Student Signature: _____ **Date:** _____

For more information in relation to how student information may be used, stored or disclosed please contact the Manager of Span on 9480 1364 or manager@spanhouse.org

OFFICE USE ONLY

	ACFE	HACC	FFS	Term	1	2	3	4
Date Form Received: _____	Payment Type:			Cash	Cheque	Eftpos	DD	
Receipt Number: _____	Date issued : _____							
Amount: _____	Fee Type:		Full	Concession	Early bird	Other		
Vettrak Entry Date: _____	Initials: _____							

