

Welcome to Banksia Gardens Community Services! Please take your time to fill out this form.
Upon enrolment, please provide a copy of your full vaccination status, photo ID and concession card.

Thank you for your cooperation.

Personal Details

Last Name: _____

First Name: _____ Title: Mr Mrs Miss Ms

Date of Birth: ____/____/____ Gender: M F

Home Address: _____

Postcode: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Emergency Contact

Full Name: _____

Relationship to you: _____

Telephone: Home _____ Work _____ Mobile _____

Office Use only:

Student Number: _____ USI Number: _____

Date of Enrolment: _____

Course Name: _____ Term: 1 / 2 / 3 / 4 - please circle

Amount paid: _____ by Cash Cheque EFTOS Receipt No: _____

Provided a copy of: COVID 19 Certificate Photo ID Concession

Staff name: _____ ACFE Fee for Service

Notes:

Work

Of the following categories, which one best describes your current employment status?

- | | |
|--------------------------------------|---|
| Full Time Employee | Employed (unpaid worker in a family business) |
| Part Time Employee | Unemployed – seeking full-time work |
| Self Employed (not employing others) | Employer |
| Unemployed – seeking part-time work | Not employed – not seeking employment |

If you are working, please state which industry:

Privacy Notice

Banksia Gardens Community Services is required by State and Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the Privacy and Data Protection Act 2014. All information provided will be stored securely to maintain your privacy and confidentiality. All records are destroyed by shredding when the date for storage expires. Your personal information is not given to any person without your prior consent. To access or update your record contact the Administration on 9309 8531.

USE AND DISCLOSURE OF TRAINING RELATED INFORMATION

I give Banksia Gardens Community Services employees, government or funding-body auditors the right to view training related information and files held in my name. Each student has the opportunity to access their training related information and files held by Banksia Gardens Community Services. To access this information, a request must be made in writing to the CEO.

TERMS AND CONDITIONS

By signing this form, I hereby accept the terms and conditions of enrolment. I understand that if I withdraw within two (2) weeks of commencement I will be given a refund less 10% administrative cost. After this time, I will forfeit my fees in total.

Signature: _____

Date: / /

PHOTOGRAPHIC IMAGES, VIDEO IMAGES, WRITING AND QUOTATIONS

I give my consent and approval for the use of my photographic images, video images, writing and quotations, by Banksia Gardens Community Services for promotional activities. I also confirm that no payment or benefit will be sought by me for the use of any of the above by Banksia Gardens Community Services. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

Signature: _____

Date: / /