



Email: office@hamptonparkch.com.au
Website: www.hamptonparkch.com.au
Phone: 03 9799 0708

Auspiced by: Hampton Park Care Group Inc. A 587
 ABN 91 334 724 925

Student No _____

16-20 Stuart Avenue
 HAMPTON PARK VIC 3976
 P.O Box 440
 HAMPTON PARK VIC 3976

2020 GENERAL HOUSE ENROLMENT FORM

Course applying for: _____ **Date:** _____

Contact Details (Please record your name as you would wish it to appear on a certificate)	
Title: (What do you like to be called?)	Mr / Mrs / Ms / Miss
First Name:	
Last name:	
Gender: Male / Female / Other /	
Home Phone number	
Mobile number:	
Full address: (Where do you live?)	
Email:	
Country of birth: (Where were you born?)	
D.O.B. (When were you born?)	
What language do you speak at home?	
Do you identify as Aboriginal or Torres Strait Islander?	Yes / No
Emergency Contact person (Who should we contact in an emergency?)	
Relationship to you (Who are they?)	
Emergency phone number	



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Medical Conditions

We like to provide support for people with extra needs. Please let us know any of the following so we may help with you where possible.

Do you have any of these Medical conditions? Yes / No

- Hearing / Vision
- Medical Condition
- Mental Illness
- Physical
- Intellectual

Other.....

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Hampton Park Community House will let me know about any planned excursions.

I DO / DO NOT:

allow photographs/videos of me to be taken as part of my classes at **Hampton Park Community House** to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Hampton Park Community House will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature:Date:

Applicant under 18 years

Parent / Guardian signature:Date:

Courses fill quickly; please return this application form as soon as possible to avoid disappointment.

If a course is cancelled or delayed by HPCH, a full refund will be made available by cheque.

A refund will be made available for students if HPCH is notified in writing within **five business days prior to the commencement of the course.**

A \$5 administration fee will be deducted from any refund given and will be refunded by the same means as the payment was originally paid.

No Refunds are available after a course has started due to our not for profit status.