

Participant Enrolment Form - 2024

Course Name		Term	Day	Time	Amount	
Personal Details:				Medical Details: Do you have a disability or medical condition that you would like us to be aware of? Yes / No If yes, are you on NDIS?		
Title:						
Surname:				Acquired B	rain Injury \square	Medical Condition
Given Name:	n Name:			Hearing/Deaf Mental Illness		
Date of Birth / / Male □ Fe			emale	Intellectual		
Phone	Prefer not to stay □					
Number				Language II	nformation:	
Email:				Are you of A	boriginal or Torres	Strait Island origin?
				Yes / No		
Address:				Country of B	irth	
Suburb				Language sp	ooken at home:	
Post Code:				If you do not well you spe		home, please tick how
Photo consent	Yes	No 🗆		Very Well	Well	□ Not Well □
Emergency Contact – In Case of Emergency: How did you hear about is?						
Name:				RESCHE		Council Brochure
Relationship:				☐ Internet/\	Vebsite [Word of Mouth
Phone:	Mobile:			☐ Social M	edia [Previous Participant
RFSCH is required by law to protect your personal information. We will ensure that the information we collect will						
be kept in accordance with privacy laws. Please refer to our Privacy policy if you require further information.						
PLEASE READ & ACKNOWLEDGE THE HOUSE ENROLMENT POLICY:						
Enrolments at RFSCH are bound by the RFSCH Policies. <u>FULL</u> payment is required prior to commencement of a course. In cases of financial hardship please contact the office to negotiate a payment plan. RFSCH reserves the right to cancel or defer courses due to insufficient enrolments. Full refunds apply when RFSCH cancels the course. In exceptional circumstances applications for refunds may be made in writing to the coordinator. All refunds will incur a \$10 administration fee.						
All students are	required to sign b	elow here as p	oart of the	ir enrolment		
I have read and accept the above: Signed : Date:						