Participant Enrolment Form – 2026

Course Name	Term	Day	Amount	Date Paid *(office only)*

Personal Details:	
Title:	
Surname:	
Given Name:	
Date of Birth	/ / Male ☐ Female ☐ Prefer not to say ☐
Phone Number	
Email:	
Address:	
Suburb	
Post Code:	
Photo consent	Yes ☐ No ☐

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?

Acquired Brain Injury ☐	Medical Condition ☐
Hearing/Deaf ☐	Mental Illness ☐
Intellectual ☐	Physical ☐
Learning ☐	Other ☐

Language Information:
Are you of Aboriginal or Torres Strait Island origin? **Yes / No**
Country of Birth
Language spoken at home:
If you do not speak English at home, please tick how well you speak it: Very Well ☐ Well ☐ Not Well ☐

Emergency Contact – In Case of Emergency:		
Name:		
Relationship:		
Phone:	Mobile:	

How did you hear about is?	
☐ RFSCH Brochure	☐ Council Brochure
☐ Internet/Website	☐ Word of Mouth
☐ Social Media	☐ 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. **FULL** 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 below here as part of their enrolment

I have read and accept the above: **Signed**: _____ Date: _____