

NEIGHBOURHOOD HOUSE PROGRAMS REGISTRATION

FIRST NAME		LAST NAME	
PREFERRED NAME			
ADDRESS			
SUBURB		POSTCODE	
HOME PHONE		MOBILE PHONE	
EMAIL			
PREFERRED METHOD OF CONTACT			
GENDER		DATE OF BIRTH	

IF UNDER 18, PARENT OR GUARDIAN

FIRST NAME		LAST NAME	
ADDRESS (IF DIFFERENT FROM ABOVE)			
SUBURB		POSTCODE	
HOME PHONE		MOBILE PHONE	
EMAIL			

DO YOU IDENTIFY AS FIRST NATIONS, ABORIGINAL OR TORRES STRAIT ISLANDER?	
DO YOU IDENTIFY AS HAVING A DISABILITY?	
COUNTRY OF BIRTH	
CULTURAL BACKGROUND/NATIONALITY	
LANGUAGES SPOKEN (OTHER THAN ENGLISH)	

EMERGENCY CONTACT			
NAME			
RELATIONSHIP TO PARTICIPANT		PHONE NUMBER	

HOW DID YOU HEAR ABOUT OUR PROGRAMS?			
WERE YOU REFERRED BY ANOTHER ORGANISATION?			
IF YES, NAME OF REFERRER.			
I WOULD LIKE TO BE ADDED TO THE COMMUNITY+ NEIGHBOURHOOD HOUSE MAILING LIST			<input type="checkbox"/>
NEIGHBOURHOOD HOUSE PROGRAMS I AM INTERESTED IN REGISTERING FOR			

I..... **(Insert name)** understand and agree to the conditions of participating in Comm Unity Plus Neighbourhood House activities: I will follow all staff instructions in the case of emergency. I give my permission for staff to administer first aid if necessary and/or call emergency services. I agree to indemnify the Comm Unity Plus Services and its servants and agents against any accidents, harm, loss and damages which I may suffer and/or sustain, which are in any way connected to, or as a result of participating in any way in a Neighbourhood House program, to the extent permitted by law. I agree to indemnify the Comm Unity Plus Services and its servants and agents for any loss, demands, damages, expenses, claims actions and suits brought for and on behalf of myself or dependents in my care and arising out of or in any way connected to this program, to the extent permitted by law.

Privacy Statement: The personal information collected on this form will be stored securely by the Neighbourhood House for planning, reporting and safety purposes. In accordance with our Privacy Policy, we will not disclose your personal information without consent to a third party, institution or authority except where required by law or other regulation.

By signing, I accept these Terms and Conditions and Privacy Statement

NAME	
DATE	

I consent to being photographed and/or recorded on video and understand these images and recordings will be stored with Comm Unity Plus Service and may be used for present and future social media and/or promotion. **(please tick)**