

# Sandybeach Centre Enrolment Form (FFS)



## Where did you hear about Sandybeach Centre?

- ☐ Sandybeach Centre E-News
 ☐ Quick Guide Calendar
 ☐ Promotional Flyer
 ☐ Facebook/Instagram  
☐ Word of Mouth
 ☐ Website
 ☐ Existing Participant
 ☐ Other (Specify) .....

COURSE NAME	COURSE OCCURRENCE CODE(S) – OFFICE USE ONLY

## PERSONAL DETAILS

Title ..... Surname (*Legal family name*) .....  
 Given Names (*Legal given names*) .....  
 Address .....  
 Building/Property Name.....Flat/Unit Number.....  
 Street Number ..... Street name.....  
 Suburb..... State..... Postcode..... Date of Birth    /    /  
 Phone (Home)..... Mobile ..... Email .....  
 Gender:    Female    ☐    Male    ☐    (Indeterminate/Intersex/Unspecified    ☐  
**POSTAL ADDRESS (If DIFFERENT FROM ABOVE)**  
 Building/Property Name.....Flat/Unit Number.....  
 Street Number ..... Street Name.....  
 PO Box or Roadside Delivery Box .....  
 Suburb.....State.....Postcode .....

## EMERGENCY CONTACT (*Required information*)

Name ..... Phone/s ..... Relationship .....

Do you have a medical condition that may impact on your ability to join this program?  
 If yes, please complete our Medical Condition Form, obtained from Reception
 ☐ Yes
 ☐ No

☐ Australian Citizen
 ☐ Permanent Resident
 ☐ Other
 (Office Use Only - Funding Source Identified)

If you do not wish to receive any marketing communications from us, please tick here ☐

Office Use Only

## CONDITIONS FOR USE OF PHOTOGRAPHIC, VIDEO, AUDIO AND WRITTEN MATERIALS

Sandybeach Centre requests permission to take photographs, video recordings and audio recordings or to use student work to keep as a record of student participation in a course. From time to time they can be used for publicity including promotional material, display material, on our website, our Facebook page and in Sandybeach Centre publications.

By signing this form, I give permission to have my photograph, video recording, audio recording or any of my work copied to be kept as a record of my participation and (if applicable to the course) as evidence of assessment tasks. I understand that this is a requirement of Accredited and Pre-Accredited Training.

Please tick this box if you **DO NOT** give permission to have your photograph, video recording, audio recording or any of your work copied to be used in publicity for Sandybeach Centre for the purposes described above.

☐

Name ..... Signed .....

Date ...../...../.....

Sandybeach Centre  
 Award winning adult education, community services, wellbeing and the arts

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