

2019 REGISTRATION FORM – Centre Based Programs



Please complete both sides of this form.

Date: ___/___/___ Neighbourhood/Community Centre: _____ Program/Activity Name: _____

If you attend more than one program/activity, please list below:

CONTACT DETAILS

First Name: _____ Last name: _____

Contact Number: _____ Postcode: _____

OTHER DETAILS

Do you identify as: Male Female Other Choose not to specify

Age: 0 – 8 years 9 – 25 years 26 – 64 years 65 years+

Country of Birth: _____ **Language/s Spoken:** _____

Do you identify as: Aboriginal Yes No

Torres Strait Islander Yes No

Living with a disability? Yes No

Living with a mental health issue? Yes No

Receiving government benefits/allowances? Yes No

Feeling isolated within your community? Yes No

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Are you a first time program user at the Centre? Yes No

How did you hear about the program? Neighbourhood Centre Newsletter City of Marion Website Library Email Messenger
Social Media Word of Mouth Other please specify: _____

eNEWSLETTER

I am interested in receiving Neighbourhood Centre eNewsletters and Program information

Email Address: _____

CONSENT & EMERGENCY CONTACT

As part of determining program success and improvement, I give consent to be contacted and answer questions as part of a longer term evaluation process:

Yes No

In the event of an accident/emergency, I give consent to contact the person listed below.

Emergency Contact Name: (1) _____ Contact Number: _____

Emergency Contact Name (2) _____ Contact Number: _____