MELTON SOUTH COMMUNITY CENTRE INC.

41 Exford Road, Melton South 3338 (P.O. Box 2010)

Phone: (03) 9747 8576

Email: msccentr@bigpond.net.au Website: www.meltonsouth.org.au

Adult Enrolment Form



NAME OF COURSE			Start	Start Date		End Date		Time	
STUDENT DETAILS									
Title	Mr/Mrs/Ms/Miss	Full Nam	ie						
Gender	☐ Male ☐ Fem	nale Date of Birth							
Address					_				
Phone Number			Email A	ddress					
EMERGENCY CONTACT DETAILS									
Name									
Phone Number	Relationship to Student								
				<u>'</u>					
	NFORMATION	—		_	-		T =		
Do you consider y		☐ Yes	Do you have a cor				☐ Yes ☐ No		
disability, impairment or long-term health condition?		□ No will affect classes?			ct your participation in				
If you answered yes to either or									
both of the above									
the condition/s you live with and									
the support you									
visiting the centre (optional)			omploye	о П.	art time o	mplayaa			
——————————————————————————————————————			e employee						
			Self-employed not employing others						
☐ Unemployed (seeking full-time work)									
	☐ Unemployed (seeking part-time work) ☐ Seeking voluntary work								
CONCESSION I	DETAILS								
Are you claiming any form of concession?			s 🗆	No	Type of C	oncession			
Concession Card Number					Concessio	on Expiry Date			
PLEASE NOTE: Concession rates only apply to self-funded enrolments.									
Agencies or employers providing funding are not eligible to receive concession funding on a student's behalf.									

PAYMENT INFORMATION (OFFICE USE ONLY)							
Full Fee	Deposi	it Paid		RECEIPT			
Concession Fee	Deposi	it Paid		RECEIPT			
TOTAL FEE	Balanc	e Paid		RECEIPT			

PAYMENT MUST BE MADE IN FULL NO LATER THAN ONE WEEK BEFORE YOUR COURSE/S BEGIN

CANCELLATION & REFUND POLICY

If your course or class is cancelled by the centre due to lack of enrolments or tutor unavailability, a full refund will be given. If the course or class is likely to be offered again in the future, you will be given the option to transfer your enrolment and funds.

If you withdraw from a course, one week's notice must be given in order to be eligible for a full refund. If adequate notice is not given, class fees will be forfeited.

PRIVACY POLICY

Melton South Community Centre Inc. (MSCC) adheres to information privacy laws and respects and upholds your right to privacy in the way we collect, store and use the information you provide.

For more information in relation to how student information may be used or disclosed, please contact the Centre Manager on (03) 9747 8576 during business hours.

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☐ I declare that the information p	provided in this enrolme	nt form is true and co	orrect.	
☐ I acknowledge and agree to the	terms described in this	form.		
Student signature:		Da	te:	
Do you wish to receive our program	via email each term?	☐ Yes	□ No	
How did you hear about this course	/class?			
☐ Email ☐ Flyer ☐ Websi	te Newspaper	☐ Friend/family	☐ Learning Directory	
☐ Other (please specify)				