**BURWOOD Neighbourhood House Date:**

Term 4

**ENQUIRY / ENROLMENT 2019 Complete:**

FIRST NAME: ………………………………… LAST NAME:…………………………………..

ADDRESS:..................................................... 🕿 **TEL:**(Home)......................................



....................................POST CODE:.............. **TEL:** Work **……………… M**ob ……………..

**Email** Address: ……………………………………. FACEBOOK: Yes / NO

Date of Birth:........./.........../19…… Country of Birth:....................................

**How did you hear about the House? Please tick✓**

The Leader **Melb E Wkly**; Burwood Bulletin Our Brochure BNH Web site

Friend Neighbour Other…………………………...

* ***The following personal information is required for RISK MANAGEMENT only:***

j0186108

**Medical –** Is there is medical condition that the staff needs to be aware of?

***Please tick✓***  Diabetes ⁭ High blood pressure Mental health issues

**EMERGENCY CONTACT:** Other**………………………………..**

1.Name..……….….R/ship.........................🕿HOME**:…..………...**Work:………………Mobile:…………

2.Name ………..…..R/ship...................... . 🕿HOME:… ………… Work:………………Mobile:…………

**Ambulance**- Member YES NO **\*** “IF an Ambulance is called, it will be - *at your expense*.”

**Disability –** Do you need assistance? *What can we do to help you?*

* **PHOTO Permission** *–* Can we take photo for Flyers re Notice boards, etc? **YES/ NO**

*The above information is read and correct* **Signature:**

**\*Privacy Policy:** All information is stored in locked files and is treated confidential. O. H & S requirement

**Demo Stats**

**AM Data**

**Att. Sheet**

**Office Use Only**

***\* Use red pen please***

**CLASS TIME DAY $**

Annual HOUSE MEMBERSHIP (Incl. GST) $ 15.00

TOTAL $ \_\_\_\_\_\_ \_

**A/M/Ship No..……...... Rpt No.....….... Date..…. /…/......**

Please print and hand into office or email completed form to [burwoodn@bigpond.net.au](mailto:burwoodn@bigpond.net.au)