

Online Workshop Registration Form

Workshop: _____ Date: _____

PERSONAL INFORMATION (PLEASE WRITE CLEARLY IN BLOCK LETTERS)					
First Name			Surname		
Address					
Suburb			Postcode		
Home Phone:			Mobile:		
Email:					
Date of Birth ____ / ____ / ____			Country of Birth		
Main Language Spoken at Home			Gender		
Do you identify as Aboriginal? Yes / No			Do you identify as Torres Strait Islander? Yes / No		
Do you have any of the following impairments / conditions / disabilities (Please circle)					
- Intellectual / Learning			- Sensory / Speech		
- Psychiatric			- Physical		
Other _____			None		
Emergency Contact			Name		
Relationship to you			Phone		
Do you consent for Hills Community Aid to take and use photographs for promotional purposes Yes / No					
How did you learn about Learning in the Hills (Source)					
HCA Website	Flyer or brochure	Referral	Facebook	Drop In	Other _____

Consent

The information you provide on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act. We are using an IT system called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your case.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect the services you receive. If you do consent to sharing your personal information with DSS, you can ask for this information to be removed at any time. DSS de-identifies your data. This means they remove information that identifies you or that could be used to re-identify you (e.g. your name).

DSS combine your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grants programs, and conduct research and evaluations. DSS may use this data to produce reports. These reports may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website.

Do you consent to collect this information for reporting purposes to the Department of Social Services Data Exchange (DS)?	Yes	No
Do you consent to future contact from DSS for survey/research/evaluations?	Yes	No

Signature _____ Date _____

**** Please sign above and then turn over to read and sign.**

Office Use Only
Activity: TEI Community Connections
Outlet: Learning in the Hills
Case ID:
Service Type: Community Engagement

Workshop 1:	Mon/Tue/Wed/ Thur/Fri/Sat	Am/Pm/ Evening	Cost	Paid in full/ Casual
Workshop 2:	Mon/Tue/Wed/ Thur/Fri/Sat	Am/Pm/ Evening	Cost	Paid in full/ Casual

Terms and Conditions

General

1. I acknowledge that it is my responsibility to do the practice within my own limits and capabilities, to prevent any injury.
2. I expressly waive any claims I may have against Hills Community Aid for any injury or loss sustained by me while undertaking any classes.
3. Enrollments are open to people over the age of 18. People under the age of 18 who want to enrol should contact the office to discuss the request.
4. Learning in the Hills reserves the right to cancel any course due to insufficient student enrolments, Government or Council directives or Covid health concerns. Credit will be available where Learning in the Hills need to cancel classes.

COVID SAFE PRACTICES

Your Responsibilities:

1. If you are unwell, think you are getting sick or have been in contact with someone with Covid-19, do not participate in the workshop
2. You are required to adhere to Government covid safe practices while participating in the workshop.

I acknowledge that I have read and understood the above statements.

Signature _____ Date _____

OFFICE USE ONLY

Receipt no: Amount: Date: Confirmed: Entered: