



# ENROLMENT FORM

Course Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Gender: Male  Female  Other (please specify) \_\_\_\_\_

Pronoun: He/Him  She/Her  They/Them

Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method (please circle): Phone / Email

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### How did you hear about us?

Facebook / Instagram / Website / Google / Word of mouth / Been here before / Newspaper  
Other (please specify): \_\_\_\_\_

I give consent for my image to be used for social media marketing purposes

Yes  No

Would you like to join our mailing list to be the first to receive special offers and term programs when they are released?

Yes  No