

**\*\* COMPLETE & SIGN BOTH SIDES of this form.  
RETURN completed FORM TO RECEPTION**

# Participant Membership Form

Complete all sections (both sides)

Inc No. A0028651L ABN 27675966331



<b>*Office Use Only</b>	*Class/ Activity:.....
<b>Course Details</b>	*Term: ..... *Year: .....
<b>Personal Details</b>	<p>First name:..... Surname:.....</p> <p>*Date of Birth: ...../...../..... *required for data reporting (de-identified)</p> <p>Gender:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Other</p>
<b>Home Address</b>	<p>Address: .....</p> <p>.....</p> <p>Suburb: ..... Postcode: .....</p>
<b>Contact Details</b>	<p>Phone: H ..... M .....</p> <p>Email (print clearly):.....</p>
<b>Emergency Contact</b>	<p>Name:.....</p> <p>Relationship: ..... Phone: .....</p>
<b>Country of Birth</b>	Country of Birth:.....
<b>Language</b>	Main language/s spoken at home (if NOT English).....
<b>Indigenous</b>	<p>Do you identify as Aboriginal or Torres Strait Islander heritage?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Disability</b>	<p>Do you identify as having a disability?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Important Information</b>	<p><b><u>Membership of Bennettswood Neighbourhood House</u></b></p> <p>Membership is free to all participants and gives you voting rights at the Annual General Meeting. Membership eligibility: A person who agrees to support the purposes of the House as outlined in the Constitution &amp; Rules (available on request).</p> <p>• I agree to be a member of Bennettswood Neighbourhood House and to have my name added to the Register of Members.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Sign: ..... Date: .....</p> <p><b>Turn over and complete other side</b></p>

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## **Participant Code of Conduct**

### **Purpose**

Bennettswood Neighbourhood House is committed to providing a community environment that is welcoming, equitable, supportive and open to all. The House recognises the rights of all participants to full participation in their enrolled course or activity. Staff, tutors and participants have the right to a safe and respectful environment. House users are not to engage in any misconduct or breach of House policies in relation to bullying, harassment or risk to health and safety of self or others whilst attending Bennettswood Neighbourhood House. The Committee of Management has a duty to provide a safe workplace. Please treat our staff with courtesy and respect.

**Completing a course enrolment/ membership form, payment of fees and attendance in a course denotes agreement to the Participant Code of Conduct. The Participant Code of Conduct can be viewed on noticeboards and at reception. A copy of the Participant Code of Conduct can be obtained on request to the Manager.**

### **Photo Consent**

Photos and videos taken are used for awareness and promotion of our activities in Bennettswood Neighbourhood House publications such as the annual report, brochures, website and social media. I may withdraw this permission by giving written notice (this form) at any time. **If you do not consent to your image being included in photos/videos please remember to exclude yourself from any group photo/video shoots. The photographer will request this.**

I give permission for photos/videos that may include my image to be used for awareness and promotion of Bennettswood Neighbourhood House activities in publications such as those mentioned above.

- Yes  
 No

**Communications** We provide information to participants in a number of ways including brochures & flyers, noticeboards, signs, website and social media (Facebook), phone calls, SMS messages and face-to-face at reception. If you do not wish to be emailed ensure that you collect a brochure (if available) from reception or check the website.

**I understand that this participant membership form will add me to a list to receive essential email communications about my participation in activities at Bennettswood Neighbourhood House. I may opt out of receiving emails at any time but I understand that if I do choose to opt-out I will not receive the latest relevant updates about programs or activities I am involved in by email.**

- Yes - I agree to receive program information by email.  
 No - It is my responsibility to collect a brochure (if available) or check the website.

### **Medical**

In the event of an emergency requiring immediate medical attention an ambulance should/will be called. Any ambulance and medical treatment fees incurred will be the responsibility of the person requiring medical assistance. Office staff are First Aid/ CPR trained. Staff are available to provide First Aid during staffed office hours. The office may not be staffed during your time at the House. A First Aid Kit and manual is on the hands-free sink in the kitchen. Dial 000 in an emergency. Some tutors are also First Aid/ CPR trained.

### **Covid Safe Practices**

Thanks to the high vaccination rates, we are pleased to be operating as normal as possible. Participants agree to comply with the health and safety measures outlined in the Covid Safe Plan including not attending if you have any symptoms of Covid-19. Covid Safe practices are encouraged – 1.5 metres social distancing, face masks recommended when people can't physically distance, practise good hygiene and wash hands / use (supplied) hand sanitiser, wipe high touch areas and surfaces with (supplied) sanitiser (70% Isopropyl solution) & handtowel. Ventilation - windows should remain open (and then closed when activities are finished if outside of staffed office hours). We acknowledge that the pandemic is not yet over and rules apply. The essential requirement to isolate for seven days following a Covid-19 diagnosis remains. People are exempt from testing or quarantine for 12 weeks if they have had Covid-19. Close (household) contacts do not have to quarantine and may attend activities at the House – provided they wear a mask indoors (unless legally exempt). They will also need to undertake at least 5 negative rapid tests over the 7 days that would have been the self-quarantine period.

### **Privacy Statement**

Personal information collected on this form is necessary for the running of the activity you are enrolled in. It is collected and stored in accordance with The Privacy Act and other relevant legislation and regulations. It is required by law and it is the policy of Bennettswood Neighbourhood House to maintain confidentiality and security of all personal information provided by participants. **Completion and signing of this enrolment form indicates your permission to use your personal information for the purposes outlined in this form, this Privacy Statement and our Privacy Policy in accordance with relevant Privacy Legislation and regulations.**

**I have read and agree to comply with the above statements and conditions.**

- Yes

**Sign:** .....

**Date:** .....