

# Enrolment Form

## Personal details

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

## Name of the course(s) you wish to enrol in

Course name: _____	Date: / /
Course name: _____	Date: / /
Course name: _____	Date: / /
Course name: _____	Date: / /

## Enrolment type

<input type="radio"/> <input type="checkbox"/> Bentleigh	<input type="radio"/> <input type="checkbox"/> Frankston
<input type="radio"/> <input type="checkbox"/> Narre Warren	<input type="radio"/> <input type="checkbox"/> Dandenong

Do you currently use a community mental health service such as headspace? If so, which one?

How did you hear about us?

What days and times would suit you to meet with a member of the Discovery College to discuss your enrolment?

Who would you like us to contact in the event of an emergency or if you need us to arrange extra support?

Personal contact	Professional contact
Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship to you: _____	Relationship to you: _____

**Things to watchout for and how we can help**

What are some of the things that might help you participate in the course?

How can we support you when things are difficult?

**Office use only:**

hYEPP     
 headspace standard     
 CYMHS/ other AMHS     
 Other (specify)

Yes     
 No

Any o \_\_\_\_\_ :

Name: \_\_\_\_\_ Co-signed name (if required): \_\_\_\_\_

Signature: \_\_\_\_\_ Co-signed by parent/family member: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and email to [Discovery.College@alfred.org.au](mailto:Discovery.College@alfred.org.au)