

Personal details

Student name:	Date of birth:
Address:	Postcode:
Email:	Phone:

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

Course Name	Location	Start Date

Have you previously enrolled in a Discovery College course?

YES NO

If yes and your details are up to date, no need to complete any more of the form below!

How did you hear about Discovery College?:	
Someone from the Discovery College team might contact you about your enrolment. When is the best time to call /meet with you?	

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:	Phone:	Name:	Phone:
Relationship to you:		Relationship to you:	

Things to watch out 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?:	

Student Signature: _____ **Date:** _____

Are you between 16 and 18? We'll need a guardian to co-sign your form so you can attend.

Co-signature: _____ **Date:** _____

Name of co-signed: _____ **Relationship to student:** _____

Email your completed form to info@discovery.college

If you have questions collected, please feel free to get in touch via email or phone on (03) 9076 9467