

Raeburn House

Group / Workshop Enrolment Form

Name:

Address:

.....

Phone: Home Work

..... Mobile

Email:

Gender: Male Female

Date of Birth:

Ethnicity: European Maori
 Pacific Island Peoples Asian
 Other:

Residency: Are you a permanent resident?
 Yes No

How many children do you have?

I got my brochure/information from:

Direct Mail Family / Friend
 Citizens Advice Library
 GP / Doctor Counsellor
 Other:

Please enrol me in the following:

Group / Workshop Name Start Date am/pm

.....

.....

Enclosed is payment of \$

**\$5 discount per Group / Workshop
with current Raeburn House membership**

Raeburn House personnel reserve the right to refuse admittance or dismiss a Group / Workshop member.

Privacy Act: Information from this form will be used by Raeburn House to compile a membership list and to establish a database which provides anonymous statistics to our various funders. I give consent for this information to be used by Raeburn House for these purposes.

Date: Signed:

Please return this form with payment to:
Raeburn House, PO Box 36-336, Northcote.