



**MT DRUITT LEARNING GROUND  
ENABLERS PERSONAL DEVELOPMENT AND LEADERSHIP PROGRAM  
ENROLMENT FORM 2019**

**PARTICIPANT**

SURNAME:	
FIRST NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	
DATE OF BIRTH:	NATIONALITY:

**EMERGENCY CONTACT IN CASE OF ACCIDENT/SUDDEN ILLNESS:**

NAME:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	MOBILE:
EMAIL:	

**MEDICAL INFORMATION**

ANYTHING WE SHOULD KNOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICATION:	
NAME OF DOCTOR IF NEEDED:	
PHONE:	MOBILE:

## PERSONAL FAMILY INFORMATION

	YES	NO
PUBLIC HOUSING		
FAMILY MEMBER INCARCERATED OR MATTERS BEFORE THE COURT		
DRUG AND ALCOHOL ISSUES IN FAMILY		
ANY EXPERIENCE OF FAMILY VIOLENCE		
PREVIOUS FAMILY MEMBERS ATTENDING LEARNING GROUND IF YES – WHERE ARE THEY NOW?		
ANY FAMILY CUSTODY ISSUES		

WHO HAS REFERRED YOU TO THE PROGRAM?

WHAT DO YOU HOPE TO GAIN FROM THE PROGRAM?

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_