



## Healthy Ageing Programs: Registration Form

Name		
Address		
Suburb		Postcode
Email		
Telephone number	Home	Mobile
Date of birth / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Country of Birth	Languages other than English	
Do you need an interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as Aboriginal or Torres Strait Islander?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Person to contact in an emergency: Name		
Relationship		Telephone number
<b>What classes are you interested in?</b>		<b>Please Tick ✓</b>
AIM classes per term		\$65
WAVES classes per term		\$50
<ul style="list-style-type: none"> <li>• I agree to inform HAP if I am unable to attend for the term</li> <li>• I understand that bills cannot be cancelled or payments refunded</li> <li>• I agree to pay the class fee when I receive the bill</li> </ul>		
Signature		Date / /

**Please do not send any payment until you receive the bill**

Return this form and a Coordinator will call to tell you which class you can go to.

**Post**

Healthy Ageing Programs  
Prince of Wales Community Health  
Barker Street  
Randwick NSW 2031

**Fax**

02 9382 8265

**Email**

[SESLHD-AIMandWAVES@health.nsw.gov.au](mailto:SESLHD-AIMandWAVES@health.nsw.gov.au)



Class list	Attendance list	eMR	T&C
Class			