



Participant Registration

Create and Connect Program

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Gender: F M

Residential Address: _____

_____ Post Code: _____

Postal Address: _____

Email: _____

Telephone: (H) _____ Mobile: _____

Pension Type: _____ Pension Number: _____

Contact Person in case of emergency:

Name: _____ Relationship: _____

Telephone: (H) _____ Mobile: _____

CLASS Worker _____ CLO Worker _____

Are you Aboriginal or Torres Strait Islander? Yes No

I consent to having pictures taken of myself and/or my artwork for the purpose of promotional material for the program Yes No

Medical Conditions:

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Doctor: _____ Medical Clinic: _____

Signature: _____ Date ____/____/____