Application Form for Youth and Adults

The Cliff Humphries Noongar Conversation Language Program

Term 2, 2015

First Name: .................................................. Surname: ......................................................

Postal Address: .........................................................................................................................

Email Address: ...........................................................................................................................

Telephone Land line: ........................................... Mobile: ......................................................

I wish to participate in the language program on: ..............................................................
(Please insert Monday, Tuesday, Wednesday or Thursday)

Special Dietary Needs: ..............................................................................................................
(All meals will be diabetic friendly)

Please indicate intended method for payment: (Please circle one of the following)
- Cash
- Bank transfer
- Weekly
- Payment in full upon acceptance of application
(Unfortunately credit card payments cannot be accepted at this time)

Signed: ........................................................................................................................................
Application Form for Children and Parents/Guardians

The Cliff Humphries Noongar Conversation Language Program

Term 2, 2015

Names of Children
First Name: ……………………………………….  Surname: …………………………………………….

First Name: ……………………………………….  Surname: …………………………………………….

First Name: ……………………………………….  Surname: …………………………………………….

Names of Parents/Guardians
First Name: ……………………………………….  Surname: …………………………………………….

First Name: ……………………………………….  Surname: …………………………………………….

Postal Address: …………………………………………………………………………………………………

Email Address: ……………………………………………………………………………………………….…

Telephone Land line: ………………………………………  Mobile: …………………………………….

I wish to participate in the language program on: …………………………………………………
(Please insert Wednesday or Thursday)

Special Dietary Needs: …………………………………………………………………………………………….
(All meals will be diabetic friendly)

Please indicate intended method for payment: (Please circle one of the following)
• Cash
• Bank transfer
• Weekly
• Payment in full upon acceptance of application
(Unfortunately credit card payments cannot be accepted at this time)

Signed: ………………………………………………………………………………………………….

Children MUST HAVE Parents/Guardians with them to take part in the program