

[Training Provider Logo]

[Training Provider Name]

## Student Intake Form

### STUDENT INFORMATION

Date

Name

Pronouns

They/Them

She/Her

He/Him

Other: \_\_\_\_\_

D.O.B

Phone number

Email address

Address

City

Unit

Post Code

### EMERGENCY CONTACT

Name

Phone number

Relationship

### COURSE ENROLMENT INFORMATION

Course Name

Course Level

### [MODALITY] EXPERIENCE

Have you received a [modality name] session before?

Yes

No

Do you currently hold any [modality name] or other qualification(s)?

Yes

No

If YES, please list:



## HEALTH INFORMATION

Do you have any allergies?  Yes  No

If YES, please list:

Do you have any health concerns that may limit you completing your training?  Yes  No

If YES, please list:

Do you have any injuries?  Yes  No

If YES, please list:

Are you pregnant? If YES, how many weeks/months

Please add any other detail you may need us to know before commencing training to assist you better. For example, do you need special assistance or have special learning requirements?

If YES, please list:

## STUDENT AGREEMENT

*[Insert student agreement]*

## TERMS & CONDITIONS

*[Insert Terms & Conditions]*

Student Full Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DISCLAIMER

*[Insert any relevant disclaimers if applicable]*

