

Youth Mental Health First Aid Enrolment Form 2021



Date of Course:

Student Details:

Surname:		Given Name/s:	
Home phone:	Mobile:	Date of Birth:	
Email Address:			
Residential Address:			
Postal Address:			

Data Collection:

Do you have a learning challenge or condition that may affect your ability to complete course requirements:					
<input type="checkbox"/>	None	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Hearing / Deaf	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Other: _____

Confirmation:

Student Signature:	Student Name:	Date:
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