



SingAbility – All abilities Singing and Music

Participant details:

Name: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Disability: _____

The information provided by you will be kept confidential by Community Living Association and will be used for grant acquittal and program reporting purposes only.

Evaluation

Have you been part of a singing group before? YES NO

If yes where? _____

Is this your first time attending CLA's Centre for Excellence? YES NO

What do you expect to gain out of attending singability?

What other programs would you be interested in?

Image Use

I hereby give CLA permission to use photographs featuring me, taken during the Singability project, for promotional on web, Facebook, print, archival and grant acquittal purposes. YES NO

Declaration:

I the applicant, declare the above information is correct in all respects at the time of the lodgment and that I am over 16 years.

Non CLA participants require a Disability Support Pension Card (DSP), to be presented to staff at CLA upon the lodgment of this form.

Participant name: _____

Signature: _____

Office use: DSP sighted, please tick. Submitted on date: _____

NOTE: Please return this form to CLA, 56 Cockburn Road Albany, WA 6333, by Monday 20 September 2021. Places are limited. Once all places have been filled no more registrations will be accepted.