



SingAbility – All abilities Singing and Music

2023 Participant enrolment form:

Name: _____ DOB: _____

Address: _____

Service Provider: _____ Primary contact name: _____

Primary contact phone: _____ Email: _____

Do you have any health or mobility issues / Positive Behavior Support Plan we need to be aware of to enable you to participate safely?

NON CLA guests must be supported at all times while visiting our venue. The information provided by you will be kept confidential by CLA and will be used for program reporting and primary contacts 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 guests require a Disability Support Pension Card (DSP), to be presented to staff at CLA upon the lodgment of this form. Non CLA guests must be supported while attending this program.

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. Please note places are limited.