



WAPD
Workshops In The Arts
For People With Disabilities

ENROLMENT FORM: TERM 2, 2010

April 20 – July 2

Participant Information

Name: _____ Age: _____

Type of Disability: _____

Need: (Please circle) Low Mild Moderate High

Organisation Information

Organisation: _____

Contact Person: _____ Position: _____

Postal Address: _____

Phone: _____ Fax: _____ Email: _____

Please indicate which workshop the participant will be attending

- Tuesday 10am – 11.30am (high needs workshop) Tuesday 12pm – 1.30pm (low needs workshop)
- Thursday 10am – 11.30am (high needs workshop) Thursday 12pm – 1.30pm (low needs workshop)
- Friday 10am – 11.30am (low needs workshop)

Fees

\$154 per participant. Please make all cheques payable to Riverside Theatres

Please post this form & your payment to Riverside Theatres WAPD Program, PO Box 3636 Parramatta NSW 2124

For New Participants Only: Please list any relevant information about the participant such as any injuries, medical conditions and behavioural patterns as this will assist our tutors in planning and preparing workshops

In order to achieve the best possible results for clients in the WAPD program, all carers are required to participate in class activities.

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