

Application/Enrolment Form



1. DOWNLOAD THIS FORM TO YOUR DESKTOP COMPUTER TO COMPLETE

2. Open the form using Adobe Reader, complete the form by typing directly into the fields provided. Save form via 'save Forms' button
3. Click on 'Email Forms' to attached the form to a new email ready for sending via email.
4. If you wish to enrol in another class, click on 'Add duplicate form' after completing the first form and enter 2nd class details. Click 'Save Forms', then 'Email Forms as in Step 3'
5. Alternatively, print your form to send via fax or post.

POST: Healthy Lifestyle Locked Bag 2220
North Ryde NSW 1670

Fax: 88775339

Email: NSLHD-Healthylifestyle@health.nsw.gov.au

Notes:

- a. Adobe Reader can be download for free at [Adobe Acrobat Reader](#)
- b. Only a few web browsers allow you use the form buttons shown when first opened online.

HEALTHY LIFESTYLE - APPLICATION/ENROLMENT FORM

Family Name _____ Given Name(s) _____
 Address _____ Suburb _____ Post Code _____
 Telephone (H/W) _____ (Mobile) _____ Country of Birth _____ Date of Birth ____/____/____
 M F (Please tick) Email / Fax _____
 Concession Card No. _____

Are you of Aboriginal or Torres Strait Islander origin? Y / N NSLHD employees ONLY: Department & Hospital _____

	Course No.	Day	Time	Location	Office use only
1st Choice					
2nd choice					

Pay Cheques/Money Orders to **Northern Sydney Local Health District. POST to Healthy Lifestyle, Locked Bag 2220, North Ryde NSW 1670**
OR Email form with CREDIT CARD details to nsldh-healthy lifestyle@health.nsw.gov.au
OR FAX form with CREDIT CARD details to 8877-5339

AMOUNT: \$ _____ Credit Card: Mastercard Visa Card Check Value (CCV) _____
 _____ Expiry Date _____
 Name on Card (print) _____ Authorisation (sign) _____

Your submission of this application indicates your acceptance of the Healthy Lifestyle Booking Conditions

HEALTHY LIFESTYLE - APPLICATION/ENROLMENT FORM

Family Name _____ Given Name(s) _____
 Address _____ Suburb _____ Post Code _____
 Telephone (H/W) _____ (Mobile) _____ Country of Birth _____ Date of Birth ____/____/____
 M F (Please tick) Email / Fax _____
 Concession Card No. _____

Are you of Aboriginal or Torres Strait Islander origin? Y / N NSLHD employees ONLY: Department & Hospital _____

	Course No.	Day	Time	Location	Office use only
1st Choice					
2nd choice					

Pay Cheques/Money Orders to **Northern Sydney Local Health District. POST to Healthy Lifestyle, Locked Bag 2220, North Ryde NSW 1670**
OR Email form with CREDIT CARD details to nsldh-healthy lifestyle@health.nsw.gov.au
OR FAX form with CREDIT CARD details to 8877-5339

AMOUNT: \$ _____ Credit Card: Mastercard Visa Card Check Value (CCV) _____
 _____ Expiry Date _____
 Name on Card (print) _____ Authorisation (sign) _____

Your submission of this application indicates your acceptance of the Healthy Lifestyle Booking Conditions