

# Sienna Art Space · Art School & Holistic Arts ·

[www.siennaartspace.com](http://www.siennaartspace.com)

## Reiki 1 & 2 1 Day Workshop      Training & Attunements Enrolment Form for 2019

This form can be completed Electronically in Acrobat Reader.

Go to: **Grey Menu Bar > Click on Tools > Use Fill & Sign** to Type your Word entries.

Send your completed forms to Erin - [siennaartspace@gmail.com](mailto:siennaartspace@gmail.com)

This Enrolment Package has 3 Pages.



### Student's Information

Full Name	
D.O.B	

### Contact Information

Address			
Suburb		Postcode	
Mobile		Phone	
Email			
Material or Food allergies ? Medical Conditions ? Learning Needs ?	In the event that more information is necessary, an informal conference will be needed to gain awareness for healthy, safe learning practices for your experiences. Adjustments will be made where possible in the group Studio environment.		

### Class Enrolment

I am enrolling in the 1 Day Workshop:

- |                         |   |                                  |                      |
|-------------------------|---|----------------------------------|----------------------|
| Summer Workshop A:      | Saturday 5 <sup>th</sup> January, 2019  | 9 – 4pm <input type="checkbox"/> | Enrol before Jan 2.  |
| Summer Workshop B:      | Saturday 19 <sup>th</sup> January, 2019 | 9 – 4pm <input type="checkbox"/> | Enrol before Jan 12. |
| Term 1 Wk 3 Workshop C: | Sunday 17 <sup>th</sup> February, 2019  | 9 – 4pm <input type="checkbox"/> | Enrol before Feb 10. |
| Term 1 Wk 8 Workshop D: | Sunday 24 <sup>th</sup> March, 2019     | 9 – 4pm <input type="checkbox"/> | Enrol before Mar 17. |
| Term 2 Wk 3 Workshop E: | Sunday 19 <sup>th</sup> May, 2019       | 9 – 4pm <input type="checkbox"/> | Enrol before May 12. |
| Term 2 Wk 8 Workshop F: | Sunday 23 <sup>rd</sup> May, 2019       | 9 – 4pm <input type="checkbox"/> | Enrol before May 16. |
| Term 3 Wk 3 Workshop G: | Sunday 11 <sup>th</sup> Aug, 2019       | 9 – 4pm <input type="checkbox"/> | Enrol before Aug 4.  |
| Term 3 Wk 8 Workshop H: | Sunday 15 <sup>th</sup> Sep, 2019       | 9 – 4pm <input type="checkbox"/> | Enrol before Sep 8.  |
| Term 4 Wk 3 Workshop I: | Sunday 3 <sup>rd</sup> Nov, 2019        | 9 – 4pm <input type="checkbox"/> | Enrol before Oct 27. |
| Term 4 Wk 8 Workshop J: | Sunday 8 <sup>th</sup> Dec, 2019        | 9 – 4pm <input type="checkbox"/> | Enrol before Dec 1.  |

Course Fee: \$400

Location: Sienna Art Space, 526 Hume Highway, Casula, NSW, 2170.



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I have read and agree to Sienna Art Space's 2019 Terms and Conditions of Enrolment. I give permission for Staff to use photographs and images of Art and my studio participation for promotional purposes on the Sienna website, and other promotional material.

Parent/Guardian Signature:		Dated:	
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## Payment & Submission of Forms

Full upfront payment is required by direct transfer. Cash will not be accepted. This must be done 10 days prior to the Workshop date. Please quote your last name as part of the reference when making your transfer.

Direct Deposit- **Sienna Art space** BSB: 062185 Account: 10719754

A receipt will be forwarded to you in person at the Workshop.

Please forward your Enrolment form via email ([siennaartspace@gmail.com](mailto:siennaartspace@gmail.com))

## For Office Use only

Enrollment Fee - Entered	
Payment Date	
Receipt #	
Confirmed	

S I E N N A  
A r t S p a c e

## FIRST AID EMERGENCY MEDICAL CONSENT FORM

## STUDENT DETAILS

Students Full Name			
Address			
Suburb		Postcode	
Date of Birth		Home Phone	



## EMERGENCY CONTACTS – Guardians or Immediate Family or CareGiver

Please list two contacts.

Contact No 1: Full name		Contact 2: Full Name	
Relationship		Relationship	
Home Phone		Home Phone	
Mobile		Mobile	

S I E N N A  
A r t S p a c e

## MEDICAL EMERGENCY TREATMENT

I understand that staff members at Sienna Art Space are trained in the basics of First Aid and I authorise them to administer Basic First Aid where needed.

I understand that contact to Family Support Network as indicated in instances of required care and concern for the welfare of you as an individual and other Studio participants.

I authorise Sienna Art Space staff to seek Supervised transport by Ambulance to Liverpool Hospital. Early arrival at the Hospital allows for your Support Network to then support you through the necessary medical treatment at your preference. These situations are for Serious Incidents.

Contact will be made where necessary for any Concerns (Medical or General Welfare).

For those aged 16 – 18years, Parental-Guardian Contact will be made as indicated by students upon Enrolment.

I agree to all of the above.

Parent/Guardian Signature:		Dated:	
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## END OF ENROLMENT FORM 2019

*Thank you, with appreciation – I look forward to a Wonderful 2019 Studio Year  
with you as part of our Space.*

*Erin Kathleen Muir*



