Please complete this form.

Name:  
Address:  
Phone:  
Email:  
Business/company name:  
ABN number:  
Is your business registered for GST:  
Do you have public liability insurance?  
Do you have a current police check?  
Do you have a current working with Children Licence?  

(If you wish to attach a resume, please do so and write “refer to resume” where appropriate.)

Qualifications:  
Experience:  

Course profile
Name of course:  
Proposed venue:  
Estimated cost to participant:  
Requested tutor fee:  
Your requirements of the centre:  
Your requirements of the students:  
Topics to be covered:  
Participant outcomes:  

Course/employment pathways
If relevant, please list possible pathways to either work of further studies/activities once this course is completed:

Please insert any other comments you would like to make about the course:

Please attach any other relevant details