CAMDEN HAVEN COMMUNITY COLLEGE INC

PO Box 301 Laurieton NSW 2443 Phone: (02) 6559 6699 Email: life@chace.org.au



COURSE PROPOSAL FORM

									Date:
YOUR DET	AILS								
Name:									
Address:									
Phone:	(Home)			(Mobi	e)			(Work)	
Email:									
QUALIFICA Academic:	ATIONS ANI	D SKILI	LS RELATING TO) THE CO	<u>URSE</u>				
Professiona Industrial:	al/								
Expertise/ Life Skills:									
Have you worked with Adult learners before?					Yes	I	No		
PARTICUL/	ARS REGAR	DING	HE COURSE						
Subject/Co	urse:								
Max No. of Students:			No.ofClasses:					Per:	
Preferred Time:				referred da	ay:				
Special Fac	ility/VenueF	Require	ments (e.g., wood	/carpet floo	or):				
Will you req	uire any of	the follo	owing?						
TV/Video:	Yes	No	Whiteboard:	Yes	No	Other:			

MATERIALS

What will be required by your students for the course:

If students are required to purchase materials, please provide a material sheet for the course.

If supplying materials, please estimate cost per student:

COURSE OUTLINE

Please give us some idea of the outline of the course that you would like to offer. We suggest the basis of a 6week course on a consecutive day for 2 hours per class. However, this is a suggestion only and may be varied.

Week one:

Week two:

Week three:

Week four:

Week five:

Week six:

ADVERTISEMENT BLURB

Please provide a brief description of your course (3-4 lines) that we can use for advertisement in our flyers, social media and on our website. If you wish, you may also write and attach an extended/detailed course blurb for our website, as each course has its own landing page with room to move!

Please return this form promptly either to the office or by email: life@chace.org.au