

Name of Organisation / Individual: _____

Address: _____

Contact name: _____

Phone: _____ Email: _____

ABN: _____

Course details:

Date(s) required: _____

Time(s) required: _____

Frequency of sessions _____

What is the name of your course: _____

Describe the content of the course and its outcomes:

Briefly outline your qualifications or work / life experience relevant to the course:

What, if any, materials will students require to do the course:

How will these materials be provided – students to acquire independently, or provided by tutor: _____

Do you require the use of DNC facilities to produce class materials:_____

Are participants issued with a certificate on completion of the course: Yes / No

If yes, who issues the certificate?_____

If students are under 18 years of age, a Working with Children Check (WWCC) is mandatory. Please ensure your WWCC is seen and copied by DNC staff upon confirmation, otherwise the course will be cancelled.

Participant Fees

Fee per student, per term or per session_____

Concession Fee if offering_____

Do you consent to students in hardship paying in instalments: Yes / No

Student numbers

Minimum number of students _____ Maximum number of students_____

Consent

By signing this form you consent:

- **For DNC to deduct 20 % of the total student fees to cover booking and administration costs, room hire fees and other overheads. This fee includes promotion in the printed term brochure the DNC website and other online platforms.**
- To invoice DNC with a Tax Invoice.
- For DNC to use the information contained herein for the purpose of marketing your course in particular and the DNC general.

Signed _____

Date ____ / ____ / ____

Signed DNC _____

Date ____ / ____ / ____