

NOTICE OF INTENTION TO CONDUCT A SELF-MANAGEMENT COURSE

Course Name:

Tick the box for the appropriate course:

- Arthritis Self-Management Course
 Chronic Disease Self Management Course

Leader's Name: _____

Leader's Address: _____

Email: _____ Phone: _____

Co-Leader's Name: _____

Co-Leader's Address: _____

Email: _____ Phone: _____

Contact phone number for bookings: _____

Contact email address for bookings: _____

Name and Address of Venue: _____

Course Dates: _____ **Time:** _____

Anticipated Number of Books Required: _____

Please note – for all books, a separate 'Book order form', confirming the exact number of books required, must be completed and returned by either phone, fax, email or post at least 2 weeks before commencement of course.

This information is required **urgently** so that your course can be promoted.

Please return to:

Self-management Coordinator

Arthritis Queensland

PO Box 2121

Windsor QLD 4030

Phone: (07) 3857 4200 **Fax:** (07) 3857 4099 **Email:** jann@arthritis.org.au

For office use only. Information forwarded to:

Forthcoming Courses Folder	
Current Course List	
Internet – Resource Centre	
Books/Invoice forwarded	
Date of course completion	
Payment received	
Participant's list received	
Update statistics	
Update leader's records	