

**Self-management Course
Expression of interest form**

Course Name:

Tick the box for the appropriate course:

- Arthritis Self-management Course**
- Osteoporosis Prevention & Self-management Course**
- Chronic Disease Self-management Course**

Date of course you wish to attend _____

Venue of course you wish to attend _____

Name: _____
(please print)

Address: _____
_____ Postcode _____

Telephone: (h) _____ (w) _____

Age: _____

Type of Arthritis: _____

My doctor is: Name: _____

Address: _____
_____ Postcode _____

Where did you hear about this course?

**Please send this completed application to leader@arthritis.org.au or
post to Arthritis Queensland, PO Box 2121, Windsor QLD 4030.**