

# 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
- Osteoporosis Prevention and Self-management Course

Leader's Name: \_\_\_\_\_

Leader's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Leader Name: \_\_\_\_\_

Co-Leader's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact phone number for bookings:** \_\_\_\_\_

**Contact email for bookings:** \_\_\_\_\_

Venue name: \_\_\_\_\_

Venue address: \_\_\_\_\_

Course dates: \_\_\_\_\_ Time course will be held: \_\_\_\_\_

Anticipated number of books required: \_\_\_\_\_

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

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	