

ARARAT & DISTRICT U3A Inc. - TUTOR / CLASS LEADER APPLICATION FORM 2014

This form should be given to the Committee of Management for consideration and approval well in advance of the start of Term. Only authorized activities may be run.

NAME: _____

TELEPHONE: _____ MOBILE: _____

EMAIL: _____

ADDRESS: _____

PREVIOUS EMPLOYMENT: _____

PROPOSED COURSE / CLASS / ACTIVITY:

TITLE: _____

DESCRIPTION OF THE COURSE / CLASS / ACTIVITY:

MAXIMUM GROUP SIZE: _____ MINIMUM: _____

PREFERRED DAYS / TIMES:

Monday Time: _____ How long: _____

Tuesday Time: _____ How long: _____

Wednesday Time: _____ How long: _____

Thursday Time: _____ How long: _____

Friday Time: _____ How long: _____

EQUIPMENT NECESSARY – TO BE PROVIDED BY U3A: (whiteboard, computer, data projector, DVD player, tables, chairs, carpet, access to sink etc)

OWN EQUIPMENT SUPPLIED: _____

HOW OFTEN WILL THE CLASS BE HELD: once only _____

Weekly, fortnightly or monthly _____ Term 1,2,3,4 _____

ITEMS WHICH CLASS MEMBERS WILL NEED TO SUPPLY:

NOTE Class notes can be photocopied by the U3A if required by tutors or leaders