|  |
| --- |
| **TEACHER PROFESSIONAL DEVELOPMENT WORKSHOP BOOKING FORM**  **WORKSHOP TYPE: INTERCULTURAL UNDERSTANDING MATTERS** |

Name of School: ………………………………………… Date of Booking: ……………………

Address of School: ……………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………….

Address of Workshop(s) Location [if different to Address of School]:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Contact Name: …………………………………………

Telephone No.: ………………………………………… E-mail: …………………………………………

Requested Date(s) of Workshop(s): …………………………………………

Number of Workshops requested: …………………………………………

Time(s): …………………………………………

In what space will this workshop take place (eg. Hall, classroom etc)? …………………………………………

The presenter will bring a USB: Please confirm that a computer and a projector with sound will be available? …………………………………………

|  |
| --- |
| **PHOTOS** |

You are invited to take photos. We would appreciate it if you share them with us for our records, marketing and internal training and purposes. We will not publish photos of individuals without explicit consent.

|  |
| --- |
| **GENERAL INFORMATION** |

1. What goal/s would you like this workshop to achieve?   
     
   …………………….…………………………………………………………………………………………………………………  
     
   …………………….…………………………………………………………………………………………………………………  
     
   …………………….…………………………………………………………………………………………………………………
2. Primary/ Secondary focus – please mark the correct one
3. Anticipated number of participants: ………………
4. Any additional comments: …………………………………………………………………………………

…………………….…………………………………………………………………………………………………………………

…………………….…………………………………………………………………………………………………………………

|  |
| --- |
| **INFORMATION FOR PAYMENT** |

**PLEASE NOTE**: The Professional Development Workshop is $550, including GST. An invoice will be issued after the workshop/s.

**ACCOUNTS PAYABLE CONTACT DETAILS:**

Name: ………………………………………… Telephone No.: …………………………………………

Email: …………………………………………

***Please return completed form ASAP via email to:***

[*schoolscoordinator@jcma.org.au*](mailto:schoolscoordinator@jcma.org.au)