



JCMA
 Jewish Christian Muslim
 Association of Australia

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TEACHER PROFESSIONAL DEVELOPMENT WORKSHOP BOOKING FORM
WORKSHOP TYPE: INTERCULTURAL UNDERSTANDING MATTERS

Name of School: Date/s of Booking:

Address of School:

.....

Address of Workshop different to Address of School:.....

.....

Contact Name..... Contact Title:.....

Telephone No.: E-mail:

Requested Date(s) of Workshop(s):..... Time(s):

Number of Workshops requested: Number of participants:

Primary/ Secondary focus – *please mark the correct one*

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

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Please confirm if computer and projector (Mac compatible) will be available and microphones.

What goal/s would you like this workshop to achieve?

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Any additional comments:

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

ACCOUNTS PAYABLE:

Workshop name:.....Workshop cost:.....

Contact Name: Mobile:.....

Email:.....

Please return completed form ASAP via email to: schoolscoordinator@jcma.org.au.

Sponsoring Organisations: **For further information:** Ginette Everest Mob: 0400 211 221 Email: executiveofficer@jcma.org.au

Jewish Community Council of Victoria
 Victorian Council of Churches
 Islamic Council of Victoria