

# Community & Industry Short Courses

## New Course Proposal Form

**Course Name:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Duration** \_\_\_\_\_ **Hrs per week** \_\_\_\_\_  
(eg 8 weeks) (eg 2 hours)

**Preferred Day/Time** \_\_\_\_\_ **2** \_\_\_\_\_  
(eg Monday 6.00 pm – 8.00 pm)

**Course Objectives:**

(Brief outline of the aims of the course – skills to be attained)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**Topics covered in course objectives**

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**Teaching Strategies** (ie techniques and methods used to achieve course objectives)

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**Materials required for course** (Indicate next to each material if student (S), teacher (T) or Institute (I) is to provide.)

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**Reference materials/resources** (Indicate with asterisk (\*) if student to purchase material.)

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**Room Requirements** (eg computer room, blackout facilities, VCR)

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**Publicity** (Statement to appear in Short Course Program – 30 to 90 words)

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**Please submit the completed New Course Proposal form with your CV/Resume to:  
shortcourses@holmesglen.edu.au**

CHADSTONE Batesford Road, Chadstone MOORABBIN 488 South Road, Moorabbin WAVERLEY 585 Waverley Road, Glen Waverley  
ALL CORRESPONDENCE TO PO Box 42, Holmesglen, Victoria 3148, Australia CRICOS Provider Code 00012G  
Telephone: 03 9564 1546 Facsimile: 03 9564 1502 Email: shortcourses@holmesglen.edu.au Website: www.holmesglen.edu.au

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